

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90063 027 ***158.75

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DOCUMENT # **J59222**

1. Entity Name
FASHIONS "N" MORE OF SAN CARLOS, INC.



90007374



Principal Place of Business
~~3614 S.E. 21ST AVE. CAPE CORAL FL 33904~~
3636 San Sebastian Ct. Punta Gorda, FL 33950

Mailing Address
~~3614 S.E. 21ST AVE. CAPE CORAL FL 33904~~
3636 San Sebastian Ct. Punta Gorda, FL 33950

2. Principal Place of Business
3636 San Sebastian Ct.
Suite, Apt. #, etc.

3. Mailing Address
3636 San Sebastian Ct.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number **59-2775504**
Applied For
 Not Applicable

Zip Country
33950 U.S.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARNEY, LEE F. JR
10823 TAMAMI TRAIL, NORTH
SUITE G
NAPLES FL 33963

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME BEAVERSON, DENNIS	
STREET ADDRESS 3614 S.E. 21ST AVE. 3636 San Sebastian Ct.	
CITY-ST-ZIP CAPE CORAL FL 33904 Punta Gorda, FL 33950	
TITLE VST	<input type="checkbox"/> Delete
NAME BEAVERSON, NANCY	
STREET ADDRESS 3614 S.E. 21ST AVE. 3636 San Sebastian Ct.	
CITY-ST-ZIP CAPE CORAL FL 33904 Punta Gorda, FL 33950	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy A. BeaverSON, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/17/2003**
Daytime Phone #: **(941) 637-7773**

CR2E034 (10/02)