

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03096

1. Entity Name

BEAUTIFUL REFLECTIONS, LTD., INC

REFL932 220312007 1B99 C
NOTIFY SENDER OF NEW ADDRESS
BEAUTIFUL REFLECTION
3965 COLLIS OAK CT
FAIRFAX VA 22033-2475

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90088 044 ***150.00

Principal Place of Business

9932 FAIRFAX SQUARE
#11
FAIRFAX VA 22031
US

9932 FAIRFAX SQUARE
#11
FAIRFAX VA 22031-4232
US

2. Principal Place of Business

3965 COLLIS OAK CT

3. Mailing Address

3965 COLLIS OAK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FAIRFAX, VA

City & State

FAIRFAX, VA

4. FEI Number

59-2862957

Applied For

Not Applicable

Zip

22033

Country

FAIRFAX

Zip

22033

Country

FAIRFAX

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, SHIRLEY A.
7601 9TH ST. NORTH
SUITE C
ST. PETERSBURG FL 33702-5200

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS KENT-CHAFFEE, SUSAN
CITY-ST-ZIP 9932 FAIRFAX SQUARE #11
FAIRFAX VA 22031

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3965 COLLIS OAK CT
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Kent-Chaffee
SUSAN KENT-CHAFFEE

4/17/00

Date

703-293-9193

Daytime Phone #

CR2E034 (9/99)