

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03425

1. Entity Name

ELLEN'S BOUTIQUE INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90021 012 ***150.00

Principal Place of Business

Mailing Address

10057 CLEARY BLVD.
 PLANTATION FL 33324
 US

8180 WILES RD
 CORAL SPRINGS FL 33076-2021
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0014298

Applied For

Not Applicable

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

BARTLETT, ELLEN
 5345 NW 66 AVE
 CORAL SPRINGS FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

8564 NW 60th Ct

City

PARKLAND

FL

Zip Code

33067

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 D
 STREET ADDRESS BARTLETT, ELLEN
 CITY-ST-ZIP 5345 NW 66 AVE
 CORAL SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8564 NW 60th Ct
 CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BARTLETT, JOEL
 CITY-ST-ZIP 5345 NW 66 AVE
 CORAL SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8564 NW 60th Ct
 CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)