

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90153 047 ***158.75

DOCUMENT # **K51997**

1. Entity Name
FASHIONS "N" MORE OF PORT CHARLOTTE, INC.



Principal Place of Business

~~3614 SE 21ST AVE~~
~~CAPE CORAL FL 33904~~
US

Mailing Address

~~3614 SE 21ST AVE~~
~~CAPE CORAL FL 33904~~
US

2. Principal Place of Business

3636 San Sebastian Ct.
Punta Gorda, FL 33950
Suite, Apt. #, etc.

3. Mailing Address

3636 San Sebastian Ct.
Punta Gorda, FL 33950
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Punta Gorda, FL
Zip **33950** Country **U.S.**

City & State

Punta Gorda, FL
Zip **33950** Country **U.S.**

4. FEI Number **65-0089971**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARNEY, LEE F JR
10823 TAMiami TR N
STE 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 SE 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 SE 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 | | |
| 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 | |
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| 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 R. Beaverson, Secretary
1/17/2003 (941) 637-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)