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FILED
Sep 02, 2002 8:00 am
Secretary of State

07-17-2002 90139 019 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002788

1. Entity Name
SELLING WOMENS STUFF, LLC

Principal Place of Business

Mailing Address

6510 NW 28TH PLACE
 GAINESVILLE FL 32606

6510 NW 28TH PLACE
 GAINESVILLE FL 32606

2. Principal Place of Business

same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0048626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GLADWIN, CHRISTINA H
 6510 NW 28TH PLACE
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **same**

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 **Christina H Gladwin**

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

(NOTE: Registered Agent signature required when reissuing)

7/15/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

MGRM

9. MANAGING MEMBERS/MANAGERS

TITLE **Christina Gladwin MGRM**
 NAME
 STREET ADDRESS **6510 NW 28th Place**
 CITY-ST-ZIP **Gainesville FL 32606**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: **Christina H Gladwin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/15/02

DATE

352-377-8033

DAYTIME PHONE

CR2E083 (4/02)