

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90053 039 ****50.00

DOCUMENT # L01000005687

1. Entity Name

ACCENT ON THREADS & PROMOTIONS, LLC

Principal Place of Business

**250 NATIONAL PLACE, UNIT 192
LONGWOOD FL 32750**

Mailing Address

**250 NATIONAL PLACE, UNIT 192
LONGWOOD FL 32750**2. Principal Place of Business
525 S. CR 4273. Mailing Address
525 S. CR 427Suite, Apt. #, etc.
Suite 153Suite, Apt. #, etc.
Suite 153City & State
Longwood, FLCity & State
Longwood, FLZip
32750Country
USAZip
32750Country
USA4. FEI Number
59-3715128Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HODGES, GEORGE
585 SOUTH CR-427, SUITE 121
LONGWOOD FL 32750-5462**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, GAIL J
250 NATIONAL PLACE, UNIT 192
LONGWOOD FL 32750** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Carol L Colosimo
1310 Carlson Dr.
Orlando, FL 32804** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 608, Florida Statutes.

SIGNATURE:

Carol L Colosimo

Carol L Colosimo, MGRM

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

Date

Daytime Phone #

4/29/02

407-831-3811

CR2E083 (9/01)