2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED **DOCUMENT # L98721** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** AFFORDABLE HATS AND ACCESSORIES BY L.E.W., INC. 01-19-2000 90188 039 ***150.00 Principal Place of Business Mailing Address 2409 LAREDO DRIVE 2409 LAREDO DRIVE **DELTONA FL 32738-2590 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3033868 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name WHEATLEY, EARLE L. Street Address (P.O. Box Number is Not Acceptable) 2409 LAREDO DRIVE **DELTONA FL 32738** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Defete TITLE LUCILLE WHEATLEY NAME NAME STREET ADDRESS 2409 LAREDO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32738 ☐ Addition ☐ Delete TITLE ☐ Change TITLE EARLE WHEATLEY NAME NAME STREET ADDRESS 2409 LAREDO DRIVE STREET ADDRESS CITY-ST-ZIP **DELTONA, FL 32738** CITY-ST-ZIP ____Change __ ___ Addition_ □.Delete TITLE TITLE LUCILLE WHEATLEY NAME NAME 2409 LAREDO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELTONA, FL 32738 ☐ Change Addition ☐ Delete TITLE TITLE EARLE WHEATLEY NAME NAME STREET ADDRESS 2409 LAREDO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA, FL 32738** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

R DIRECTOR