## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #



L98721

1. Entity Name AFFORDABLE HATS AND ACCESSORIES BY L.E.W., INC. Principal Place of Business Mailing Address 2409 LAREDO DRIVE 2409 LAREDO DRIVE **DELTONA FL 32738** DELTONA FL 32738

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

City & State

**FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90208 021 \*\*\*150.00

11015380



CHECK HERE IF MAKING CHANGES

Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEATLEY, LUCILLE Street Address (P.O. Box Number is Not Acceptable)

2409 LAREDO DRIVE **DELTONA FL 32738** 

City Zip Code

59-3033868

4. FEI Number

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

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

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

After May 1, 2003 Fee will be \$550.00=

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution. Added to Fees

Applied For

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE LUCILLE WHEATLEY NAME NAME STREET ADDRESS 2409 LAREDO DRIVE STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE **EARLE WHEATLEY** NAME NAME STREET ADDRESS STREET ADDRESS 2409 LAREDO DRIVE CITY-ST: ZIP. CITY-ST-ZIP DELTONA, FL 32738 ☐ Delete TITLE TITLE ☐ Change ☐ Addition LUCILLE WHEATLEY NAME NAME STREET ADDRESS STREET ADDRESS 2409 LAREDO DRIVE CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32738 TITLE ☐ Delete TITLE ☐ Change Addition **EARLE WHEATLEY** NAME NAME 2409 LAREDO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELTONA, FL 32738 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP