

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90018 038 ***150.00

DOCUMENT # *M01973*

1. Entity Name

FASHIONS BY Nanci, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

502 PALM STREET

Suite, Apt. #, etc.

#3

City & State

WEST PALM BCH, FL

Zip

33401

Country

3. Mailing Address

502 PALM STREET

Suite, Apt. #, etc.

#3

City & State

WEST PALM BCH, FL

Zip

33401

Country

4. FEI Number

65-0012378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *JOSEPH HUBER*

Street Address (P.O. Box Number is Not Acceptable)

2001 BONSOLE CIRCLE

City

PALM BEACH GARDENS FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

↓ Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *JOSEPH HUBER*
STREET ADDRESS *2001 BONSOLE CIRCLE*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *V. PRESIDENT*
NAME *Nanci HUBER*
STREET ADDRESS *2001 BONSOLE CIRCLE*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Joseph Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02
Date

561-655-6799
Daytime Phone #

CR2E034B (12/01)