


FILED  
Mar 17, 2003 8:00 am  
Secretary of State

02-10-2003 90171 014 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|  |         |   |
|--|---------|---|
| DOCUMENT # N02000005391  |         |  |
| 1. Entity Name<br>D'LESS, INC.                                       |         |   |
| Principal Place of Business<br>108 SUNSET DRIVE<br>LONGWOOD FL 32750 |         | Mailing Address<br>108 SUNSET DRIVE<br>LONGWOOD FL 32750                          |
| 2. Principal Place of Business                                       |         | 3. Mailing Address  |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |
| City & State   |         | City & State  |
| Zip  | Country | Zip Country   |

55017196



☒ CHECK HERE IF MAKING CHANGES

|                                  |  |  |
|----------------------------------|--|--|
| 4. FEI Number                    |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent            |  | 7. Name and Address of New Registered Agent  |  |
| FREEDLAND, DEEANN<br>108 SUNSET DRIVE<br>LONGWOOD FL 32750 |  | Name <u>Freedland, Deanne</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <u>FL</u> 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 Deanne Freedland DATE 1/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                          |  |   |
|--------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>President</u><br><u>Deanne FREEDLAND</u><br><u>108 Sunset Dr</u><br><u>Longwood, FL 32750</u>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>VP</u><br><u>Linda Burfield</u><br><u>4817 Cypress Woods Dr</u><br><u>Orlando, FL 32881</u>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Secretary</u><br><u>Ellen Levine</u><br><u>1162 Mapimi Court</u><br><u>Wintersprings, FL 32708</u>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Treasurer</u><br><u>Sheryl Kolassar</u><br><u>885 Summit Greens Blvd</u><br><u>Clermont, FL 34711</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>COO</u><br><u>Suzanne Reeves</u><br><u>571 Cynthia Circle</u><br><u>Altamonte Springs, FL 32714</u>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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.

SIGNATURE: Deanne Freedland DATE 1/15/03 407 767-5315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR