

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005678

1. Entity Name

DRESS FOR SUCCESS OF NORTHEAST FLORIDA, INC.

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

02-19-2002 90094 032 ****61.25

Principal Place of Business

Mailing Address

216 E. DUVAL STREET
JACKSONVILLE FL 32202

216 E. DUVAL STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKENSHIP, KIMBERLY A ESQ.
1300 MARSH LANDING PKWY., STE. 108
JACKSONVILLE BEACH FL 32250-2407

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Delete
NAME: D TRUITT, DEBRA
STREET ADDRESS: 1858 OAKBREEZE COURT
CITY-ST-ZIP: JACKSONVILLE FL 32260

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: D MARBLE, ANN
STREET ADDRESS: 38 FRANKLIN AVE
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Delete
NAME: D GENTRY, SUSAN
STREET ADDRESS: 1224 REDBUD LAND
CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE: ☐ Change ☒ Addition
NAME: D Cheral Barnett
STREET ADDRESS: 9559 Bent Oak Court
CITY-ST-ZIP: Jacksonville, FL 32257

TITLE: ☒ Delete
NAME: D LUDWIG, HELEN
STREET ADDRESS: 3528 MAJESTIC OAKS DR.
CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: D BONOM, MARYANNE
STREET ADDRESS: 147 S. ROSCOE BLVD.
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Delete
NAME: D THOMPSON, MOLLY S
STREET ADDRESS: 1174 SALT MARSH CIR.
CITY-ST-ZIP: PONTE VEDRA BCH FL 32082

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: *Maryanne Bonom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 904-632-4244
Date Daytime Phone #

CR2E037 (9/01)