

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90150 020 \*\*\*150.00

0404711 AV

**DOCUMENT # P00000007617**

1. Entity Name  
**SHE'S I.T., INC.**

Principal Place of Business      Mailing Address  
**1355 WEST PALMETTO PARK RD..STE.107**      **1355 WEST PALMETTO PARK RD..STE.107**  
**BOCA RATON FL 33486**      **BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-1028065**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

**SIEGEL, SPENCER**  
**185 NW SPANISH RIVER BLVD**  
**SUITE 290**  
**BOCA RATON FL 33431**

Name **Suzanne LeBlanc**  
 Street Address (P.O. Box Number is Not Acceptable) **8385 D Trent Court**  
 City **Boca Raton**      **FL**      Zip Code **33433**

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 *Suzanne LeBlanc*      Suzanne LeBlanc      4/16/02  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>LEBLANC, SUZANNE</b> <b>8385 D TRENT CT.</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>BARTHOLOMEW, PEGGIE</b> <b>6640 BLUE BAY CIRCLE</b> <b>LAKE WORTH FL 33467</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE: *Suzanne M. LeBlanc*      4/16/02      561-302-0449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)