

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90003 028 ***150.00

DOCUMENT # P00000022444

1. Entity Name
FUNTIME FASHIONS, INC.

Principal Place of Business

Mailing Address

Funtime Fashions, Inc.
842 Mango Drive
Casselberry, FL 32707

Funtime Fashions, Inc.
842 Mango Drive
Casselberry, FL 32707

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

59-3626009

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Jennifer Goodman

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

1475 LAKE SHADOW CIR. #6202

City

Maitland

FL

Zip Code

32751

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

Jennifer Goodman

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
GOODMAN, JENNIFER
612 PRAIRIE LN
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Goodman Jennifer ☒ Change ☐ Addition
1475 LAKE SHADOW CIR.
Maitland, FL 32751

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVD
GOODMAN, NANCY
612 PRAIRIE LN
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Nancy L. Goodman ☒ Change ☐ Addition
842 Mango Drive
Casselberry, FL 32707

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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

Nancy L. Goodman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 407 851-6374

CR2E034 (9/01)