FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90249 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4.

55040523

[redacted]

DOCUMENT # P00000022444

1. Entity Name
FUNTIME FASHIONS, INC.

Principal Place of Business	Mailing Address
612 PRAIRIE LN ALTAMONTE SPRINGS, FL 32714	612 PRAIRIE LN ALTAMONTE SPRINGS, FL 32714

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
842 MANGO DRIVE	842 MANGO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CASSELBERRY FL	City & State: CASSELBERRY FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

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
GOODMAN, JENNIFER 1475 LAKE SHADOW CIR #6202 MAITLAND, FL 32751	Name: NANCY GOODMAN Street Address (P.O. Box Number Is Not Acceptable): 842 MANGO DRIVE City: CASSELBERRY FL Zip Code: 32707

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: Nancy R Goodman 5-12-03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD GOODMAN, JENNIFER 1475 LAKE SHADOW CIR MAITLAND, FL 32751	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD GOODMAN, NANCY 842 MANGO DR CASSELBERRY, FL 32707	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (10/02)

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 607, 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: Nancy R Goodman 4-23-03 407 694-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #