2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000031010 **DOCUMENT #**

1. Entity Name

MAKE-UP AND MORE, INC.



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90541 008 ***150.00

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S. Cardificate of Status Defined 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Journal Registered Agent 7. Name and Address of New Registered Journal Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box	City & Stat	te		City & State				4.	4. FEI Number 61-1367582			oplied For ot Applicable]
WILLIAM N. ASMA, P.A. 886 S. DILLARO STREET WINTER GARDEN FL 34787 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. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of Florida. I am familiar with, and as the familiar with,	Zip					Cour	ntry	5.	Certificate of Status Desired				
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Street Address (M.O. Box Number is Not Acceptable) Street Address (M.O. Box Number is Not Acceptable)							Name						l
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ramiliar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00		-						Street Address (P.O. Box Number is Not Acceptable)					
B. The above named onity 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 as the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE COBURN, SANDRA COBURN, SANDRA COBURN, SANDRA COBURN, SANDRA CORTY-ST-2IP CITIE COBURN, SANDRA CORTY-ST-2IP CITIE COBURN, SANDRA CORTY-ST-2IP CITIE COBURN SORGATE LANE CORTY-ST-2IP CITIE COBURN SORGATE LANE CORTY-ST-2IP CITIE COBURN SORGATE	WINTER O	Garden Fl	34787										
The obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E COBURN, SANDRA 2009 WINDSORGATE LANE OTH-ST-ZP ORLNADO FL 32828 OTH-ST-ZP III.E MAME SIRRET ADDRESS OTH-ST-ZP III.E MAME SIRR							City			FL	Zip Code	е	l
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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: _

1080:186 FOH