

## UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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| <b>DOCUMENT #</b> P00000031964   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>1. Entity Name</b><br>ALL TIED UP BOUTIQUE INC.   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>Principal Place of Business</b><br>2423 SAVOY DRIVE<br>ORLANDO, FL 32808  |                       | <b>Mailing Address</b><br>355 W CHURCH ST<br>ORLANDO, FL 32801  |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>2. Principal Place of Business</b><br>2423 SAVOY DRIVE<br>Suite, Apt. #, etc.   |                       | <b>3. Mailing Address</b><br>355 W CHURCH ST<br>Suite, Apt. #, etc.   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>City &amp; State</b><br>ORLANDO, FL   |                       | <b>City &amp; State</b><br>ORLANDO  |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>Zip</b><br>32808  | <b>Country</b><br>USA | <b>Zip</b><br>32801   | <b>Country</b><br>USA |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>4. FEI Number</b><br>59-3632562   |                       | <b>Applied For</b><br><input type="checkbox"/> Not Applicable   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required   |                       | <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required                                      |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| ADAMS, ALONZO<br>5113 PARK CENTRAL DR<br>APT 728<br>ORLANDO, FL 32839  |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>7. Name and Address of New Registered Agent</b>   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Name   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| City   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| FL Zip Code  |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>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.</b>   |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>SIGNATURE</b> <u>Alonzo Adams</u> <b>7/9/2002</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date  |                       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b><br>(See criteria on back) <input type="checkbox"/>  |                       | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>10. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00<br>May Be Added to Fees   |                       | <b>10. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00<br>May Be Added to Fees              |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>11. OFFICERS AND DIRECTORS</b>  |                       | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARKS, DON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>355 W CHURCH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32801</td> <td></td> </tr> </table> |                       | TITLE   | DP                    | <input type="checkbox"/> Delete | NAME | PARKS, DON |  | STREET ADDRESS | 355 W CHURCH ST |  | CITY - ST - ZIP | ORLANDO, FL 32801 |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  |
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| NAME   | PARKS, DON            |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS   | 355 W CHURCH ST       |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP  | ORLANDO, FL 32801     |   |                       |                                 |      |            |  |                |                 |  |                 |                   |  |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
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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: Don Parks

7-9-02

Date

Daytime Phone #

*Attachment*

20F2

P00000031964

07/09/02

Robinson Accounting of America

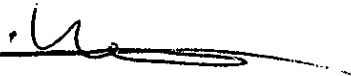
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that ALL TIED UP BOUTIQUE INC. , has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.