

2001 UNIFORM BUSINESS REPORT (UBR)

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P00000032813

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DOCUMENT # P00000032813

1. Entity Name

SISTER C'S SHOES & ACCESSORIES, INC.

FILED

01 SEP 17 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1302 N.W. 12TH ST.
GAINESVILLE FL 32609

Mailing Address

1302 N.W. 12TH ST.
GAINESVILLE FL 32609

2. Principal Place of Business

C/O Barbara Roxelle Cummings
Suite, Apt. #, etc.
P.O. Box 358170

3. Mailing Address

← Same
Suite, Apt. #, etc.

City & State

Gainesville, FL 32635-8170

City & State

← Same
City & State

4. FEI Number

593636071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, JAMES E
111 S.E. 1ST AVE.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name: Barbara R. Cummings
Street Address (P.O. Box Number is Not Acceptable): 6515 New South Lane
City: Gainesville FL Zip Code: 32635

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE: PD
NAME: CUMMINGS, BARBARA R
STREET ADDRESS: 1302 N.W. 12TH ST.
CITY-ST-ZIP: GAINESVILLE FL 32609 ☐ Delete

TITLE: V
NAME: Cummings, Leon Lamar
STREET ADDRESS: P.O. Box 358170
CITY-ST-ZIP: Gainesville, FL ☐ Delete

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: 200004610712
STREET ADDRESS: -09/25/01--01083--016
CITY-ST-ZIP: *****158.75 *****158.75 ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/01

352-374-4022

Daytime Phone #

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

TEAR OFF HERE

New Address _____

City _____
State _____ Zip _____
Telephone Number () _____

Do not write beyond this line

Employer Identification Number (EIN)

OMB No. 1545-0254

59-3636071 180412 4 2

07
SISTER CS SHOES & ACCESSORIES INC
% BARBARA ROCHELLE CUMMINGS
PO BOX 358170
GAINESVILLE FL 32635-8170

INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.