

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074401

1. Entity Name
SIMPLY GORGEOUS, INC.

Principal Place of Business
8518 SW 45TH BLVD
GAINESVILLE FL 32608

Mailing Address
8518 SW 45TH BLVD
GAINESVILLE FL 32608

2. Principal Place of Business
201 SE 2ND AVE
Suite, Apt. #, etc.
7

3. Mailing Address
Suite, Apt. #, etc.

City & State
GAINESVILLE FL 32601
Zip
32601 Country
FLACHUA

City & State
Zip
Country

4. FEI Number
59-3062685 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILERA, RENE A
8518 SW 45TH BLVD
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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

SIGNATURE

[Signature]

(Signature, typed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D AGUILERA, RENE A 8518 SW 45TH BLVD GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILERA, CONNIE R 8518 SW 45TH BLVD GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information empowered.

SIGNATURE:

[Signature] REQUIRED

(Signature and typed name of signing officer or director)

7-10-01 3522150757

Date

Daytime Phone

01-17-2001 90068 012 ****150.00
07-18-2001 90258 027 ****550.00

FILED

01 SEP 24 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0112310 AT

CR2E034 (5/01)