

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 047 ***150.00

DOCUMENT # POQ000074862

1. Entity Name

A PERFECT FIT BOUTIQUE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

624 EAST BAY DR UNIT 1

3. Mailing Address

624 EAST BAY DR UNIT 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3661349

Applied For

Not Applicable

Zip

33770

Country

PINELLAS

Zip

33770

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GLENDAS CONANT

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

624 EAST BAY DR UNIT 1

City

LARGO

FL

Zip Code

33770

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PO</u>
NAME	<u>GLENDAS CONANT</u>
STREET ADDRESS	<u>624 EAST BAY DR UNIT 1</u>
CITY-ST-ZIP	<u>LARGO FL 33770</u>
TITLE	<u>VD</u>
NAME	<u>ROBERT T CONANT</u>
STREET ADDRESS	<u>624 EAST BAY DR UNIT 1</u>
CITY-ST-ZIP	<u>LARGO FL 33770</u>
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenda S Conant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25, 02 (727) 518-6218

Date

Daytime Phone #

CR2E034B (12/01)