

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90699 003 \*\*\*150.00

0409992 AV

<b>DOCUMENT #</b> P00000076334
<b>1. Entity Name</b> INVITATION BOUTIQUE, INC.

<b>Principal Place of Business</b> 1004 CENTERBROOK DRIVE BRANDON FL 33511	<b>Mailing Address</b> 1004 CENTERBROOK DRIVE BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 3015 Cunard Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3015 Cunard Dr. Suite, Apt. #, etc.
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<b>City &amp; State</b> Valrico, Florida	<b>City &amp; State</b> Valrico, Florida
<b>Zip</b> 33594	<b>Country</b> USA

<b>4. FEI Number</b> 59-3663688	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WHIDDEN, ANTOINETTE 1004 CENTERBROOK DRIVE BRANDON FL 33511
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<b>7. Name and Address of New Registered Agent</b>  Name: Whidden, Antoinette Street Address (P.O. Box Number is Not Acceptable): 3015 Cunard Drive City: Valrico FL Zip Code: 33594
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<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>  SIGNATURE: <u>Antoinette Whidden</u> <u>Antoinette Whidden</u> 1/17/02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
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<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>
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<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> WHIDDEN, ANTOINETTE	
<b>STREET ADDRESS</b> 1004 CENTERBROOK DRIVE	
<b>CITY-ST-ZIP</b> BRANDON FL 33511	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> WHIDDEN, WADE	
<b>STREET ADDRESS</b> 1004 CENTERBROOK DRIVE	
<b>CITY-ST-ZIP</b> BRANDON FL 33511	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	3015 Cunard Drive
<b>CITY-ST-ZIP</b>	Valrico, FL 33594
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	3015 Cunard Drive
<b>CITY-ST-ZIP</b>	Valrico, FL 33594
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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.**

<b>SIGNATURE:</b> <u>Antoinette Whidden</u> <b>REQUIRED</b> 1/17/02 (813) 657-6511
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E034 (9/01)