

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90002 044 \*\*\*150.00

0072615 AV

**DOCUMENT # P00000078386**

**1. Entity Name**  
**SHE BOUTIQUE, INC.**

**Principal Place of Business**  
**837 DONALD ROSS ROAD**  
**JUNO BEACH FL 33408**

**Mailing Address**  
**837 DONALD ROSS ROAD**  
**JUNO BEACH FL 33408**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-1053108**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75\* Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WARM, STEVEN**  
**2101 CORPORATE BOULEVARD**  
**SUITE 215**  
**BOCA RATON FL 33431**

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, 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) ☐

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'CONNOR, SHERRY JENKINS 837 DONALD ROSS ROAD JUNO BEACH FL 33408</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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)(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:**

*Sherry Jenkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/01**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
DH#P0000078386  
AUG 12 07

Uniform Business Report  
Divisions of Corporations  
P. O. Box 150  
Tallahassee, Fl. 32303-1500

Dear Sir:

Enclosed please find my uniform business report, I did not receive a previous form that was due May 1, 2001. I am attaching this letter to this form per instructions from your office via phone today from Ruth explaining why this form is late. I am enclosing a check for \$150.00 to renew my corporation. If my corporation is not renewed for \$150.00, please do not cash this check and return it to me in the enclosed self addressed envelope. I cannot afford to pay \$550.00 to renew this and if I had the original form it would have been renewed on time. Thanking you in advance for your assistance.

She Boutique Inc.  
837 Donald Ross Road  
Juno Beach, Fla. 33408

*James J. O'Connor*