2001 UNIFORM BUSINESS REPORT (UBR)

5/23

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-23-2001 91005 034 ***150.00

DOCUMENT # P 00000088584

1. Entity Name
'L' EGANCE, INC

LA

Principal Place of Business: 10754- 70th AVE N. SEMINOLE FL 33772

Mailing Address: Same

[redacted]

75877

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10754- 70th AVE N
Suite, Apt. #, etc.

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

City & State		City & State	
SEMINOLE FL.			
Zip: 33772	Country: PINELLAS	Zip	Country

4. FEI Number: 59-3674839 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARA C. GRIFFITH
13651 - 101ST TER. N.
SEMINOLE FL 33776

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 Clara C. Griffith — Clara C. Griffith 6-01
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 $150.00 After MAY 1, 2001 Fee will be $550.00 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	D ☐ Delete
NAME	CLARA C. GRIFFITH
STREET ADDRESS	13651- 101ST TER N.
CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	D ☐ Delete
NAME	CARL GRIFFITH
STREET ADDRESS	13651 - 101ST TER N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: Clara C. Griffith 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #