

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106773

1. Entity Name

PETTICOATS & KNICKERS, INC.

Principal Place of Business

5803 MAGGIORE TR
P.O. BOX 839
ZELLWOOD FL 32789

Mailing Address

5803 MAGGIORE TR
P.O. BOX 839
ZELLWOOD FL 32789

2. Principal Place of Business

3030 E Semoran Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

156

Suite, Apt. #, etc.

City & State

APOKA, Florida

City & State

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6. Name and Address of Current Registered Agent

MCLAIN, SUSAN A
5803 MAGGIORE TR
ZELLWOOD FL 32789

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

Susan A. (McLain) Kelly-Weiner

4-30-01

Signature, typed or printed name of registered agent and date 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Co-owner	Susan Kelley Weiner	Same		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Co-owner	Amanda S. Earle	Same		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

Susan A. (McLain) Kelly-Weiner

4-30-01

407-880-9327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 90098 001 *****8.75

05-17-2001 90098 002 ***150.00

74485



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)