

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90078 004 ***150.00

0112694 AV

DOCUMENT # P01000023744

1. Entity Name

COSMETICS & MORE, INC.

Principal Place of Business

PO BOX 616308

ORLANDO FL 32861

Mailing Address

PO BOX 616308

ORLANDO FL 32861

2. Principal Place of Business

7600 Dr. Phillips Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 32

City & State

Orlando, FL

City & State

Zip

32819

USA

Country

4. FEI Number

593704882

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS, SELENA
722 CARLENE DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **Evans, Selena**

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

7022 Carlene Dr.

City **Orlando**

FL

Zip Code **32835**

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

Selena Evans

APRIL 3, 2002

(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, 2002 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 **EVANS, SELENA**
STREET ADDRESS **PO BOX 616308**
CITY - ST - ZIP **ORLANDO FL 32861**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Evans, Selena**
STREET ADDRESS **7022 Carlene Dr.**
CITY - ST - ZIP **Orlando, FL 32835**

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Selena Evans* **APRIL 3, 2002** **407-595-1593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)