

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90169 014 ***150.00

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DOCUMENT # P01000024465

1. Entity Name
A BRIDE'S BEST FRIEND, INC.

Principal Place of Business Mailing Address
10027 CRYSTALLINE CT 10027 CRYSTALLINE CT
ORLANDO FL 32836 ORLANDO FL 32836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10027 Crystalline Ct 10027 Crystalline Ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL	4. FEI Number 59 3713690	Applied For <input type="checkbox"/>
Zip 32836	Zip 32836	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Country USA	Country USA	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
NOVICK, FAYE
10027 CRYSTALLINE CT
ORLANDO FL 32836

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 *Faye Novick* DATE 4/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 President	<input checked="" type="checkbox"/> Delete
NAME Lori Eldredge	
STREET ADDRESS 6165 Raleigh	
CITY-ST-ZIP Orlando, FL 32835 #1523	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Faye Novick	
STREET ADDRESS 10027 Crystalline Ct	
CITY-ST-ZIP Orlando, FL 32836	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Faye Novick* SIGNATURE REQUIRE Faye Novick DATE 4/10/02 DAYTIME PHONE # 407 226 1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)