2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000031877 1. Entity Name CHAESONS FASHIONS, INC.							FILED Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90003 005 ***150.00			
Principal Place of Business			Mailing Address 7994 JAYWOOD ROAD LARGO FL 33777				าพบยยบ			
мį.										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	4. FEI Number Applied For 59-3707215 Not Applicable			
Zip	Zip Country		Zip Count		itry	5.	5. Certificate of Status Desired Fee Required			
	6. Name and A	ddress of Current Re	gistered Agent	·	Name	7.	Name and Address of New Registered			
Mathews, Jo-Ann 9333 Park Blvd 5A Seminole Fl 33777					Name Street Addr	ess (P.O. I	(P.O. Box Number is Not Acceptable)			
SEMINULE FL 33///					City		FL	Zip Code	e	
8. The above	named entity submi	its this statement for th	e purpose of changing its	registere	d office or reg	jistered aç	gent, or both, in the State of Florida.	•		
SIGNATURE .	Signature, typed or printed	name of registered agent and	title if applicable. (NOT		d Agent signature re	quired when r	reinstating) DATE			
Tax filing r	requirement and electria on back)		After May 1, 20 Make Check Payat	02 Fee	will be \$550.		10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11	р	OFFICERS AND DIF		12. TITLE		A	DDITIONS/CHANGES TO OFFICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, HERBEF	ROAD	NAM					[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Mathews, Jo-A 9333 Park Blvi Largo Fl 3377	NN 0 5A						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗋 Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		J		·	Change	Addition	
TITLE NAME Street address City-st-zip			🗆 Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			🗇 Delete	1				Change	Addition	
 I hereby c indicated of the corr changed, SIGNAT 	on this report or sup poration or the receiv or on an attachment	plemental report is tru ver or uto stee empowe t with an address, with	s filing does not qualify for e and accurate and that n red to execute this report at other like empowered.	ny signati as réquir BC E	ed by Chapte	the same 607, Flori	119.07(3)(i), Florida Statutes. I further cei legal effect as if made under oath; that i ida Statutes; and that my name appears i CTR 1/5/02 72 Date E	rtify that the in am an officer of in Block 11 or 2-39/ Paytime Phone #	formation or director Block 12 if 3758	