


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90123 008 ***150.00

DOCUMENT # P01000073339

1. Entity Name
TIFFANY'S BRIDAL AND FORMAL WEAR, INC.



Principal Place of Business
354 N HIGHLAND ST
MT DORA FL 32757

Mailing Address
4001 N HIGHWAY 19A
MT DORA FL 32757

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4129 BENNETT DRIVE
Suite, Apt. #, etc.

City & State
MT. DORA FL

City & State
MT. DORA FL

Zip
32757

Country
LAKE

4. FEI Number 59-3736820
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRUETT, HEATHER
4001 N HIGHWAY 19A
MT DORA FL 32757

7. Name and Address of New Registered Agent

Name PRUETT, HEATHER
Street Address (P.O. Box Number is Not Acceptable)
4129 BENNETT DRIVE
City MT. DORA FL Zip Code 32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Heather Pruett* DATE 2/6/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRUETT, HEATHER	
STREET ADDRESS	4001 N HIGHWAY 19A	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLEY, DAVID	
STREET ADDRESS	4001 N HIGHWAY 19A	
CITY-ST-ZIP	MT DORA FL 32757	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4129 BENNETT DRIVE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4129 BENNETT DRIVE	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heather Pruett* **REQUIRED** DATE: 2/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)