

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

DOCUMENT # P01000089908

1. Entity Name

PIECE OF MINE HIME BOUTIQUE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
411 N DONNELLY ST

Suite, Apt. #, etc.
SUITE 212

City & State
MT DORA FL

Zip
32757

Country

3. Mailing Address
915 LAKE ELSIE DR

Suite, Apt. #, etc.

City & State
TAVARES FL

Zip
32778

Country

4. FEI Number
59-3747269

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name SHARON L RANKIN

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

915 LAKE ELSIE DR

City TAVARES

FL

Zip Code
32778

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

Sharon L. Rankin

SHARON L RANKIN

4/24/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P SHARON L RANKIN
915 LAKE ELSIE DR
TAVARES FL 32778

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100036072481
05/11/04--01092--001 **300.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L Rankin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON L RANKIN

Date

Daytime Phone #

4/24/04 352-735-2200

FILED
04 MAY 12 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

PS 2082

Piece of Mine Home Boutique, Inc.
915 Lake Elsie Drive
Tavares, FL 32778-4979
352-735-2200

April 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE: Document Number P01000089908

To Whom It May Concern:

Please abate the penalties for my corporation. I never received the Annual Report for the year 2003. My old accountant did not forward the form to me. Also, the post office was having difficulty finding my new home after my move from Orange County to Lake County. For these reasons, I request an abatement of the penalties for the 2003 Annual Report.

Thank you for your prompt consideration of this matter.

Sincerely,

x *Sharon Rankin*

Sharon Rankin, President