

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90012 043 ***150.00

DOCUMENT # P01000090233

1. Entity Name
BELLA LINGERIE, INC.

Principal Place of Business

~~1250 YESICA ANN CIRCLE~~
~~SUITE E203~~
NAPLES FL 34110

Mailing Address

~~1250 YESICA ANN CIRCLE~~
~~SUITE E203~~
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

309 Sawgrass Ct
 Suite, Apt. #, etc.

3. Mailing Address

309 Sawgrass Ct
 Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

Zip

34110

Country

Collier

Zip

34110

Country

Collier

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EPIFANIO, KIMBERLY
1250 YESICA ANN CIRCLE
SUITE E203
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

309 Sawgrass Ct

City

Naples

FL

Zip Code

34110

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

Kimberly J Epifanio President

4/18/02

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 **P** ☐ Delete
NAME **KIMBERLY, EPIFANIO**
STREET ADDRESS **1250 YESICA ANN CIRCLE #E203**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **V** ☒ Delete
NAME **SIMON, HATFIELD**
STREET ADDRESS **1345 CHARLESTON SQUARE DRIVE #201**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **V** ☒ Delete
NAME **JOE, EPIFANIO**
STREET ADDRESS **1250 YESICA ANN CIRCLE #E203**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **309 Sawgrass Ct**
CITY-ST-ZIP **Naples FL 34110**

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

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **309 Sawgrass Ct**
CITY-ST-ZIP **Naples FL 34110**

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TITLE ☐ Change ☐ 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:

Kimberly J Epifanio Pres.

4/18/02

239-597-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)