

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90069 048 \*\*\*150.00

009179 AV

**DOCUMENT # P01000091987**

**1. Entity Name**  
**LILYBELLES, INC.**

**Principal Place of Business**  
**1106 NORTH GOLFVIEW DRIVE**  
**LAKE WORTH FL 33460**

**Mailing Address**  
**1106 NORTH GOLFVIEW DRIVE**  
**LAKE WORTH FL 33460**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-1148796

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ELLINGTON, RICHARD R**  
**222 LAKEVIEW AVENUE**  
**SUITE 1400**  
**WEST PALM BEACH FL 33401**

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**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD **CATHCART** ☐ Delete  
**NAME** CATHCART, GEORGINA  
**STREET ADDRESS** 1106 NORTH GOLFVIEW DRIVE  
**CITY-ST-ZIP** LAKE WORTH FL 33460

**TITLE** ☐ Change ☐ Addition  
**NAME** CATHCART, GEORGINA  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VD ☐ Delete  
**NAME** SCHIFF, SUELLEN L  
**STREET ADDRESS** 7711 PINE TREE LANE  
**CITY-ST-ZIP** LAKE CLARKE SHORES FL 33406

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

**TITLE** TD ☐ Delete  
**NAME** SIEMON, KAY  
**STREET ADDRESS** 208 ASHWORTH STREET  
**CITY-ST-ZIP** WEST PALM BEACH FL 33405

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

**TITLE** SD ☐ Delete  
**NAME** ELLINGTON, BETSY F  
**STREET ADDRESS** 235 ELLAMAR ROAD  
**CITY-ST-ZIP** WEST PALM BEACH FL 33405

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Kay Simon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 (561)582-2678

Date

Daytime Phone #

CR2E034 (9/01)