

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90003 027 \*\*\*150.00

MASSRT AV

**DOCUMENT # P01000106948**

1. Entity Name  
**AMERICAN CHIC, INC.**

Principal Place of Business      Mailing Address  
**2785 KIPPS COLONY DRIVE #105**      **2785 KIPPS COLONY DRIVE #105**  
**GULFPORT FL 33707**      **GULFPORT FL 33707**



2. Principal Place of Business      3. Mailing Address  
**134 Beach Dr. N.E.**      **134 BEACH DR. N.E.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**ST. PETERSBURG**      **ST. PETERSBURG**  
 Zip      Country      Zip      Country  
**33701**      **PINELLAS**      **33701**      **PINELLAS**

4. FEI Number      Applied For  
**59-3759053**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

<b>KEATON, KAREN S</b> <b>2816 BEACH BOULEVARD SOUTH</b> <b>ST. PETERSBURG FL 33707</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	<b>D PANOS, ANNE K</b> <input type="checkbox"/> Delete	TITLE NAME	<b>PANOS, ANNE K. (TYPO)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2785 KIPPS COLONY DRIVE #105</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Anne K Panos*      4/16/02 727-895-2442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)