FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBP**

changed, or on an attachment with an address, with all other like empow

SIGNATURE:

Sep 04, 2003 8:00 am Secretary of State P02000024614 DOCUMENT # 09-04-2003 90066 025 ***550.00 1. Entity Name BRIDAL ELEGANCE, INC. Principal Place of Business Mailing Address 323 EGRET PL 323 EGRET PL STUART FL 34996 STUART FL 34996 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Numbe Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEWART, COURTNEY L Street Add 323 EGRET PL STUART FL 34996 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 the obligations of registered agent. SIGNATURE* FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (4/03) TITLE ☐ Delete TITLE Change STEWART, COURTNEY L NAME NAME 323 EGRET PL STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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