

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90110 015 ***150.00

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1. Entity Name
**TEEN, MISS AND MS. HAMPTONS INTERNATIONAL BEAUTY
PAGEANTS, INC.**



Principal Place of Business
**901 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407**

Mailing Address
**901 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407**

2. Principal Place of Business
7809 N. LAGOON DR.
Suite, Apt. #, etc.

3. Mailing Address
C/O DES BEAUTY SALON
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY BEACH

City & State
PCB FL

4. FEI Number
06-1591527

Applied For
☐ Not Applicable

Zip
32408

Country
US

Zip
32408

Country
US

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

6. Name and Address of Current Registered Agent

**AGBOZOUHOUE, DESIRE A
901 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Desire Agbozouhoue**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **AGBOZOUHOUE, DESIRE A**
STREET ADDRESS **901 PADDOCK CLUB DRIVE**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **T** ☒ Delete
NAME **HO, PAMELA R**
STREET ADDRESS **3115 8TH STREET**
CITY-ST-ZIP **PANAMA CITY US 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **AGBOZOUHOUE, DESIRE A**
STREET ADDRESS **7809 N. LAGOON DR.**
CITY-ST-ZIP **PCB 32408**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Desire Agbozouhoue**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03
Date

Daytime Phone #

CR2E034 (10/02)