

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000025454**



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.

City & State
PANAMA CITY BEACH

City & State
PCB FL

Zip
32408

Country
US

Zip
32408

Country
US

4. FEL Number

06-1591527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGBOZOUHOU, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
AGBOZOUHOU, DESIRE A
901 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HO, PAMELA R
3115 8TH STREET
PANAMA CITY US 32401

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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 Agbozouhoué

04/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)