

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90072 019 ***150.00

DOCUMENT # P02000046794

1. Entity Name
THE AVON STORE, INC.



Principal Place of Business
**1800 EMBASSY DRIVE
UNIT 109
WEST PALM BEACH FL 33401**

Mailing Address
**1800 EMBASSY DRIVE
UNIT 109
WEST PALM BEACH FL 33401**



2. Principal Place of Business
1801 P BLAKE BLVD

3. Mailing Address
1801 P BLAKE BLVD

Suite/Apt. #

Suite/Apt. #

P.B. MALL

City/State
WPD, FL

Zip
33401

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0687838

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAUGHLIN, DEANNA
1800 EMBASSY DRIVE
UNIT 109
WEST PALM BEACH FL 33401**

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 *Deanna A. Coughlin*
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 **PRES & ALL OTHERS** ☐ Delete
NAME **DEANNA D. CAUGHLIN**
STREET ADDRESS **1800 EMBASSY DR #109**
CITY-ST-ZIP **WPD, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

Deanna A. Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03 561-686-2866

CR2E034 (10/02)