

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90157 011 ***150.00

DOCUMENT # P02000055188

1. Entity Name
HER SPECIAL TIME MATERNITY BOUTIQUE, INC.



Principal Place of Business
27716 BREAKERS DR
WESLEY CHAPEL FL 33543

Mailing Address
27716 BREAKERS DR
WESLEY CHAPEL FL 33543



2. Principal Place of Business

1744 Bruce B. Downs Blvd

3. Mailing Address

1744 Bruce B. Downs Blvd

Suite, Apt. #, etc.

Ste 126

Suite, Apt. #, etc.

Ste 126

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

4. FEI Number

01-0710023

Applied For

Not Applicable

Zip

33543

Country

US

Zip

33543

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SPAW, Sherri L
SPAE, SHERRI L
27716 BREAKERS DR
WESLEY CHAPEL FL 33543

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

4-24-03

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	DV Director Pres.	<input type="checkbox"/> Delete
NAME	SMITH, SHARON C.	
STREET ADDRESS	27050 SEA BREEZE WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherri L. Spaw	
STREET ADDRESS	1744 Bruce B. Downs Ste 126	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	Director/Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon C. Smith	
STREET ADDRESS	1744 Bruce B. Downs Ste 126	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon C. Smith 4/24/03 813-907-2727

CR2E03-10/02