


06-09-2003 90115 010 \*\*\*150.00

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

<b>DOCUMENT # P02000059124</b>				
1. Entity Name <b>ABSOLUTELY FABULOUS INC.</b>				
Principal Place of Business 410 CORTEZ ROAD WEST 201 BRADENTON, FL 34207		Mailing Address 410 CORTEZ ROAD WEST 201 BRADENTON, FL 34207		
2. Principal Place of Business <i>2001 TIZEWELL CIRCLE</i>		3. Mailing Address <i>2001 TIZEWELL CIRCLE</i>		
Suite, Apt. #, etc. <i>#1515</i>		Suite, Apt. #, etc. <i>#1515</i>		
City & State <i>ORLANDO FL</i>		City & State <i>ORLANDO FL</i>		
Zip <i>32837</i>	Country <i>USA</i>	Zip <i>32837</i>	Country <i>USA</i>	
4. FEI Number <i>04-3693268</i>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>AMERICAN PIONEERS ADVISORY INC. 410 CORTEZ ROAD WEST 201 BRADENTON, FL 34207</b>			7. Name and Address of New Registered Agent Name <i>SUSAN P. LODGE</i> Street Address (P.O. Box Number is Not Acceptable) <i>2001 TIZEWELL CIRCLE</i> <i>#1515</i> City <i>ORLANDO</i> FL Zip Code <i>32837</i>	
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 <i>S. Lodge</i> (NOTE: Registered Agent signature required when appointing) 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 <input type="checkbox"/> \$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	<i>P LODGE, SUSAN P 410 CORTEZ ROAD WEST #201 BRADENTON, FL 34207</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P LODGE SUSAN P 2001 TIZEWELL CIRCLE #1515 ORLANDO FL 32837</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, was all other like empowered.				
SIGNATURE: <i>S. Lodge</i>			Date <i>05/23/03</i> Daytime Phone # <i>407 460 4342</i>	

CR2004 (10/02)