

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90112 002 ***150.00

DOCUMENT # P02000064963

1. Entity Name
PRETTY WOMEN CONSIGNMENT INC.



Principal Place of Business
**406 CINNAMON BARK LANE
ORLANDO FL 32835**

Mailing Address
**406 CINNAMON BARK LANE
ORLANDO FL 32835**

2. Principal Place of Business

6616 Old Winter Garden Rd
Suite, Apt. #, etc.

3. Mailing Address

6616 Old Winter Garden Rd.
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32835

Country
USA

City & State
Orlando, FL

Zip
32835

Country
USA

4. FEI Number
59-1387447

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TEETER, BARBARA
406 CINNAMON BARK LANE
ORLANDO FL 32835**

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 *Barbara Teeter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-4-03
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 NAME STREET ADDRESS CITY-ST-ZIP	V TATE, NANCY 563 GARDEN HEIGHTS DRIVE WINTER GARDEN FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. COOK, FRANK 3247 TIMUCUA CIRCLE ORLANDO FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEETER, BARBARA 406 CINNAMON BARK LANE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: *Barbara Teeter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 (407)447-1023
Date Daytime Phone #

CR2E034 (10/02)