

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

5/1

05-19-2003 90231 044 \*\*\*150.00

<b>DOCUMENT #</b> P02000066119			
<b>1. Entity Name</b> JEAN'S BOUTIQUE, INC.			
<b>Principal Place of Business</b> 974 WEST STATE ROAD 434 LONGWOOD FL 32750		<b>Mailing Address</b> 974 WEST STATE ROAD 434 LONGWOOD FL 32750	
<b>2. Principal Place of Business</b> 999 West state Road 434 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 999 West state Road 434 Suite, Apt. #, etc.	
<b>City &amp; State</b> Longwood FL		<b>City &amp; State</b> Longwood FL	
<b>Zip</b> 32750		<b>Zip</b> 32750	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FFL Number</b> 73-1647380		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LYLEN, IAN J ESQ. 2345 SAND LAKE ROAD SUITE 120 ORLANDO FL 32809		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> IVASYUK, JEAN 974 WEST STATE ROAD 434 LONGWOOD FL 32750 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> IVASYUK Jean 999 West state Road 434 Longwood FL 32750 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 supplementary 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.</b>			
<b>SIGNATURE:</b> <i>JEAN IVASYUK</i>		<b>Date:</b> 5/14/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		407-262-8668	

CR2E034 (10/02)