

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90284 030 \*\*\*155.00

0001005 AT

**DOCUMENT # P02000126832**

1. Entity Name

**ABSOLUTELY THE BEST CONSIGNMENT STORE, INC.**



Principal Place of Business

3133 S. RIDGEWOOD AVENUE, SUITE 4  
SOUTH DAYTONA BEACH FL 32119

Mailing Address

3133 S. RIDGEWOOD AVENUE, SUITE 4  
SOUTH DAYTONA BEACH FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RACILA, JOHN A**  
**57 BAY HARBOUR DRIVE**  
**PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

Name

**Joseph H. Delyon**

Street Address (P.O. Box Number is Not Acceptable)

**1333 North Wembley Circle**

City

**PORT ORANGE**

FL

Zip Code

**32128**

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

*Joseph H. Delyon*  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete  
NAME: **RACILA, MARY C**  
STREET ADDRESS: **57 BAY HARBOUR DRIVE**  
CITY-ST-ZIP: **PONCE INLET, FL 32127**

TITLE: **S** ☒ Change ☐ Addition  
NAME: **Racila MARY**  
STREET ADDRESS: **57 BAY HARBOUR DR**  
CITY-ST-ZIP: **PONCE INLET, FL 32127**

TITLE: **VP** ☐ Delete  
NAME: **DELYON, BEVERLY**  
STREET ADDRESS: **37 FORE DRIVE**  
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

TITLE: **P** ☒ Change ☐ Addition  
NAME: **DELYON, BEVERLY**  
STREET ADDRESS: **1333 North Wembley**  
CITY-ST-ZIP: **PORT ORANGE, FL 32128**

TITLE: **S** ☐ Delete  
NAME: **ROMO, ELSA**  
STREET ADDRESS: **37 FORE DRIVE**  
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

TITLE: **VP** ☒ Change ☐ Addition  
NAME: **ROMO, ELSA**  
STREET ADDRESS: **37 FORE DR**  
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
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:

*Elsa Romero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**

Date

Daytime Phone #

CR2E034 (10/02)