

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26509

1. Entity Name

PENNSYLVANIA FASHIONS, INC.

Principal Place of Business

Mailing Address

155 THORNHILL RD.
WARRENDALE PA 15086-7527

155 THORNHILL RD.
WARRENDALE PA 15086-7527

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

25-1311645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDCE
NAME KLEIN, CARY
STREET ADDRESS 7 GREEN BRIER DR.
CITY-ST-ZIP ALLISON PARK PA ☐ Delete

TITLE D/C
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME MIZZONI, DAVID
STREET ADDRESS 595 CLASIS DR APT 315
CITY-ST-ZIP PITTSBURGH PA 15237 ☐ Delete

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

TITLE VP
NAME SCARAPPA, ROBERTS V
STREET ADDRESS 10140 WOODBURY DR
CITY-ST-ZIP WEXFORD PA 16063 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME PEASON, RICHARD A JR
STREET ADDRESS 191 WOODHAVEN DR
CITY-ST-ZIP MARS PA 16046 ☐ Delete

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

TITLE T
NAME SPOKANE, ROBERT M
STREET ADDRESS 108 ANTILER HOLLOW CCT
CITY-ST-ZIP CRANBERRY TWP PA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. Pearson Jr

RICHARD A. PEARSON JR

1/4/00

724-776-9780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

SEE ATTACHED

C0012801



DO NOT WRITE IN THIS SPACE