

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015359

1. Entity Name

DEJA VU CONSIGNMENT BOUTIQUE, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90111 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3623 HUDSON LANE  
TAMPA FL 33618

3623 HUDSON LANE  
TAMPA FL 33618-3803

2. Principal Place of Business

3. Mailing Address

11123 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

11123 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3164054

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

33618

U.S.A.

33618

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLMAN, DIANE E.  
11105 SUMMER DRIVE  
TAMPA FL 33624

Name Cynthia S. Fox

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

3417 Lacewood Rd.

City Tampa

FL

Zip Code 33618

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 Cynthia S. Fox CYNTHIA S FOX PVST

1/26/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST COLLMAN, DIANE E. 5312 BRUSHY CREEK DR TAMPA FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Cynthia S. Fox 3417 Lacewood Rd. Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cynthia S. Fox CYNTHIA S. FOX PVST

1/26/00

Date

Daytime Phone #

813-265-1366

CR2E034 (9/99)