

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90152 047 ***150.00

DOCUMENT # P93000003293

1. Entity Name
ELIZABETH'S DESIGNER RESALE, INC.

Principal Place of Business
1950 X THOMASVILLE ROAD
SUITE -N
TALLAHASSEE FL 32303

Mailing Address
1950 X THOMASVILLE ROAD
SUITE -N
TALLAHASSEE FL 32303

*R
 W
 Suite "N" is correct*



2. Principal Place of Business
AS ABOVE

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3158849**

Applied For
 Not Applicable

Zip **LEON** Country

Zip **LEON** Country

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

NOBLES, ELIZABETH E
2940 TEWKESBURY TRACE
TALLAHASSEE FL 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | NOBLES ELIZABETH E. | |
| STREET ADDRESS | 2940 TEWKESBURY TRACE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HALLMARK, CLARENCE E | |
| STREET ADDRESS | 2940 TEWKESBURY TRACE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | <i>ZIP CODE</i> | |
| STREET ADDRESS | <i>CHANGED TO 32309</i> | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | <i>THANKS!</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Clarence E. Hallmark* **9-15-02** **850 942-1226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)