

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90104 002 ***550.00

DOCUMENT # P94000029577

1. Entity Name

GLORIA'S FASHION EXCHANGE OF SARASOTA, INC. ✓

Principal Place of Business

3556 CLARK ROAD
 SPACE 122
 SARASOTA FL 34231

Mailing Address

3556 CLARK ROAD
 SPACE 122
 SARASOTA FL 34231-8408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0567410**

Applied For

Not Applicable

Zip

Country

Zip

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

PUGLIESE, GLORIA

~~5536 COLONIAL OAKS BOULEVARD~~ **617 No Portia St**
SARASOTA FL 34232 **Nokomis FL 34275**

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 Delete
 NAME **D PUGLIESE, GLORIA**
 STREET ADDRESS ~~5536 COLONIAL OAKS BLVD~~ **617 No Portia St**
 CITY-ST-ZIP **SARASOTA FL** **Nokomis FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PUGLIESE, FRANK**
 STREET ADDRESS ~~5536 COLONIAL OAKS BLVD~~ **617 No. Portia St**
 CITY-ST-ZIP **SARASOTA FL** **Nokomis FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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 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: *Gloria Pugliese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

941-923-2562

Daytime Phone #

CPD:ENG, (3/20/01)