## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000023712 Apr 10, 2000 8:00 am Secretary of State PENELOPE'S CONSIGNMENT BOUTIQUE, INC. 04-10-2000 90082 023 \*\*\*150.00 Principal Place of Business Mailing Address 630 S THIRD ST 630 S THIRD ST JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-6626 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3310622 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, PARKER B Street Address (P.O. Box Number is Not Acceptable) 13000 SAWGRASS VILLAGE CIR SUITE 16 PONTE VEDRA BEACH FL 32082 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. is the wat SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** Change ☐ Addition TITLE TITLE □ Delete ALLEN, PENNY NAME NAME STREET ADDRESS 233 S ROSCOE BLVD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE ALLEN, PENNY NAME 233 S ROSCOE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Addition Change = TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

249-4768

Daytime Phone #