2000	UNIFORM BUSI	NESS REPO	RT (UBI	R)	THE T	7.ID		
DOCUMENT ## P95000042210 1. Entity Name THREE GIRLS, INC.					FILED Mar 08, 2000 8:00 am Secretary of State			
IMHEE (AIKLS, INC.				03-08-2000 90042			
Principal Place of Business Mailing Address			<u> </u>		03-08-2000 70042	015 150	1.00	
410 BELVEDER		410 BELVEDERE COURT						
PUNTA GORDA FL 33950 US		PUNTA GORDA FL 33950-6425 US						
2. Principal P	lace of Business	3. Mailing Address						
	1812CAR DL	3. Mailing Address If Hibsas Pr Suite, Apt. #, etc.			((() () () () () () () () ()	S SPACE	JAI OBII ABBI	
DCity & State	GORDA FL	PUNIA GORDA FE		4. 1	FEI Number 22-3388770	<u> </u>	oplied For of Applicable	
3395	Country	22ip 3950	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent	Name	7. 1	Name and Address of New Registere	d Agent		
TAM	BASCO, ERNEST			1Ami2	AJW, ERNEST			
410	BELVEDERE COURT	Street A	ddress (P.O.B	Box Number is Not Acceptable DR.				
PUN	TA GORDA FL 33950			Α		-		
			City (UNTA	GORDA F	L 339	10	
8. The above	named entity submits this statement for t	the purpose of changing its r	registered office o	r registered ag	gent, or both, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	Registered Agent signal	ure required when re	einstating) DATE			
Tax filing r	oration is eligible to satisfy its intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	D TAMBASCO, ERNEST 410 BELVEDERE COURT PUNTA GORDA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,8,4	ALLO, ENNEST HIBISOUS OF GORDA FL 3345C	Change	Addition	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE		Delete	TITLE			Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	ļ				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		L. Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with t	his filing does not qualify for	the exemption sta	L ted in Section	119.07(3)(i), Florida Statutes. I further of	pertify that the in	nformation	
indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address	rue and accurate and that m vered to execute this report a	w signature shall t	lave the same.	legal effect as it made under oath; that	i Lam an officer	or director 1	
SIGNAT	URE:	HTED NAME OF SIGNING OFFICER O	OR DIRECTOR	·-	3/4/100	Daytime Phone #		
	,						ı	