

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000068302

FILED
May 29, 2002 8:00 AM
Secretary of State

Entity Name: PARIS FLEA, INC.

Current Principal Place of Business:

6409 BAYSHORE BLVD.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

6409 BAYSHORE BLVD.
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3727520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELEY, SHAROLYN A
6409 BAYSHORE BLVD.
TAMPA, FL 33611

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSELEY, SHAROLYN A
Address: 6409 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: ROSE, MELANIE
Address: 4715 W. CHEROKEE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE ROSE

S

05/29/2002

Electronic Signature of Signing Officer or Director

_____ Date