2002 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2002 8:00 am Secretary of State DOCUMENT # P96000003354 1. Entity Name 08-07-2002 90172 008 ***550.00 SIMPLY POSH, INC. Principal Place of Business Mailing Address SIMPLY PARK 271 EAU GALFIL BLVD INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0623134 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSSI. EDNA Street Address (P.O. Box Number is Not Acceptable) 271 EAU GALFIL BLVD INDIAN HARBOR BEACH FL 32937 Zip Code 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME **ROSSI. CHARLES** NAME STREET ADDRESS 121 LANSING ISLAND DR STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH FL CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition NAME ROSSI, EDNA STREET ADDRESS 121 LANSING ISLAND DR STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME_ _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Délete TITLE ☐ Addition

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

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7/P

(4/02)