2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 15, 2003 8:00 am Secretary of State **DOCUMENT #** P96000029109 1. Entity Name 01-15-2003 90302 010 ***150.00 BARBARA'S OWN, INC. Principal Place of Business Mailing Address 1014 LAKE AVENUE BUUU/108 1014 LAKE AVENUE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0655985 Zip Not Applicable 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 SOCHER, BARBARA woone Street Address (P.O. Box Number is Not Acceptable) 4811 122ND DR NO. WEST PALM BEACH FL 33411 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** red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME SOCHER, BARBARA ☐ Addition NAME STREET ADDRESS 4811 122ND DR NO. 327 NO 47 "B" 54.04 STREET ADDRESS CITY-ST-ZiP WEST PALM BEACH FL 33411 CR2E034 CITY-ST-ZIP LAKE WORTH, FL 33460 ☐ Delete TITLE Formson DAWN 228 South "O" Street NAME FERGUSON, DAWN O ☐ Addition NAME STREET ADDRESS 4811 122ND DR NO. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 AKE WOO+ + L, FL 33460 CITY-ST-ZIP TITLE Delete. TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE ☐ Change ☐ Addition

12. 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 changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED