

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041079

1. Entity Name
JOHN'S BRIDAL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90243 033 ***150.00

Principal Place of Business
821 N. NOVA ROAD
SUITE 3
DAYTONA BEACH FL 32117
US

Mailing Address
821 N. NOVA ROAD
SUITE 3
DAYTONA BEACH FL 32117
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-3393118**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
METZGER, JOHN L
~~205 QUIET TRAIL DRIVE~~ 245 Country Circle Drive West
DAYTONA BEACH FL 32124-6668
6616

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
245 West Country Circle Drive
City DAYTONA Beach FL Zip Code 32124-6616

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. 6616

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METZGER, JOHN L		NAME		
STREET ADDRESS	205 QUIET TRAIL DRIVE		STREET ADDRESS	245 West Country Circle Drive	
CITY-ST-ZIP	DAYTONA BEACH FL 32124-6668		CITY-ST-ZIP	DAYTONA Beach, FL 32124-6616	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X John Metzger 4-30-01 (386) 257-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)