

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049350

1. Entity Name

DAVID'S BRIDAL OF JACKSONVILLE, FL, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90326 020 ***150.00

Principal Place of Business

Mailing Address

9400 ATLANTIC BLVD. #101
JACKSONVILLE FL 32205

44 W. LANCASTER AVENUE
SUITE 250
ARDMORE PA 19003-1385

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~65-0214560~~

Applied For

~~23-2884950~~

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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	PCOO	<input type="checkbox"/> Delete
NAME	HUTH, ROBERT	
STREET ADDRESS	721 WINDSWEPT LANE	
CITY-ST-ZIP	FRANKLIN LAKE NJ 07417	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	WOZNIAK, EDWARD	
STREET ADDRESS	44 W LANCASTER AVE 250	
CITY-ST-ZIP	ARDMORE PA 19003	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIRO, SHELLY	
STREET ADDRESS	44 W. LANCASTER AVENUE, SUITE 250	
CITY-ST-ZIP	ARDMORE PA 19003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Wozniak

Date

Daytime Phone #

4/25/00

610-896-2111

CR2E034 (9/99)