

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072446

1. Entity Name

DAVID'S BRIDAL OF ORLANDO, INC.

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

05-11-2000 90326 017 ***150.00

Principal Place of Business

Mailing Address

130 E. ALTAMONTE DRIVE
 ALTAMONTE SPRINGS FL 32701

44 WEST 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

23-3003179 65-0214563

Applied For

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
 NAME HUTH, ROBERT
 STREET ADDRESS 721 WINDSWEEP LANE
 CITY-ST-ZIP FRANKLIN LAKE NJ 07417

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPCF
 NAME WOZNIAK, EDWARD
 STREET ADDRESS 44 W LANCASTER AVE, STE 250
 CITY-ST-ZIP ARDMORE PA 19003

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
 NAME SHAPIRO, SHELLY
 STREET ADDRESS 44 W. LANCASTER AVENUE, #250
 CITY-ST-ZIP ARDMORE PA 19003

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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

SIGNATURE:

Edward Wozniak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Wozniak

Date

Daytime Phone #

CR2E034 (9/99)