2004
~~2003~~ FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90202 043 ***150.00

DOCUMENT # P96000101273

1. Entity Name
PAMPERED & POLISHED, INC.

Principal Place of Business
2449 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

Mailing Address
8003 VIRGO ST.
JACKSONVILLE FL 32216-1569

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	5308 MATANZAS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FL
Zip / Country	Zip: 32211-5594 / Country: DUVAL

4. FEI Number 59-3418011 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
THOMPSON, LINDA A
2449 UNIVERSITY BLVD N
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
Name: LINDA M. THOMPSON
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. 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, LINDA M 8003 VIRGO ST. JACKSONVILLE FL 32216-1569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX Change ☐ Addition 5308 MATANZAS WAY JACKSONVILLE, FL 32211-5594
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. THOMPSON PRESIDENT [signature] 4/28/04 (904)745-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR