2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017750

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90106 005 ***150.00

1. Entity Name

BARBIE'S BOUTIQUE, INC.

Principal Place of Business	Mailing Address
1550 MCMULLEN BOOTH RD F-2 CLEARWATER FL 33759 US	1550 MCMULLEN BOOTH RD F-2 CLEARWATER FL 33759-2543 US

DO NOT WRITE IN THIS SPACE

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 59-3430053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLEHARDT, BARBARA
2454 MCMULLEN BOOTH RD
#303
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name ENGELHARDT BARBARA
Street Address (P.O. Box Number is Not Acceptable) 1550 McMullen Booth Rd F-2
City Clearwater FL Zip Code 33759

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 Barbara Engelhardt — Jan 31, 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ENGLEHARDT, BARBARA 1550 MCMULLEN RD #F2 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Barbara Engelhardt — Jan 31, 2000 — 727 712 0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #