

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90114 016 \*\*\*150.00

**DOCUMENT # P97000023318**

1. Entity Name  
**THE HIDEAWAY BRALLERY, INC.**

Principal Place of Business  
**8302 FOURTH STREET NORTH  
 ST. PETERSBURG FL 33702**

Mailing Address  
**228 87 AVE NE  
 ST. PETERSBURG FL 33702  
 720 51 AVE NO 1  
 ST. PETERSBURG 33703**

2. Principal Place of Business

3. Mailing Address  
**720 51 AVE NO 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**ST. PETERSBURG FL**

City & State

City & State

Zip

Country

Zip

Country

**33703 FLORIDA**

4. FEI Number  
**59-3434233**

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

**UCC FILING & SEARCH SERVICES, INC.  
 526 EAST PARK AVE.  
 STE. 200  
 TALLAHASSEE FL 32302**

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, 2002 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  
**PTD  
 BALL, GRACE I  
 228 87 AVE NE  
 ST. PETERSBURG FL 33702** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 RALL, SUSAN  
 228 87 AVE NE  
 ST. PETERSBURG FL 33702** ☒ Delete **ALGANG AMENDED**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ 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:

**GRACE BALL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02 727-522-1759**

CR2E034 (9/01)