

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 05, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000029243

1. Entity Name
 SHOPPES OF MISS MARY, INC.

Principal Place of Business 108 LAKEVIEW DRIVE SAINT CLOUD FL 34769 US	Mailing Address 108 LAKEVIEW DRIVE SAINT CLOUD FL 34769 US
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2. Principal Place of Business 10000 WEST COLONIAL DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State OCOE FL	City & State	4. FEI Number 59-3437379	Applied For Not Applicable
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Zip 34761	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENSLEY RUSSELL A 108 LAKEVIEW DRIVE SAINT CLOUD FL 34769		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **01/05/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSLEY RUSSELL A			NAME			
STREET ADDRESS	108 LAKEVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD FL 34769			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSLEY NIDA G			NAME	HENSLEY RUSSELL A		
STREET ADDRESS	108 LAKEVIEW DRIVE			STREET ADDRESS	108 LAKEVIEW DRIVE		
CITY-ST-ZIP	SAINT CLOUD FL 34769			CITY-ST-ZIP	SAINT CLOUD FL 34769		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMESON MARY C			NAME	HENSLEY NIDA G		
STREET ADDRESS	2106 WILLOW LAUREN LANE			STREET ADDRESS	108 LAKEVIEW DRIVE		
CITY-ST-ZIP	WINDERMERE FL 34786			CITY-ST-ZIP	ST. CLOUD FL 34769		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Russell A. Hensley VSTD: 01/05/2000