1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000030035**

REBECCA'S CUPBOARD, INC.

Principal Phase of Business

Mailing Address

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90034 036 \*\*\*150.00



i iliicipai i iaci	e or business	Walling Address						
1225 BENNETT	<del>DR</del>	1348 FRANKLIN ST.						
SUITE 101 ALTAMONTE SPRINGS FL 32701					DO NOT WRITE IN THIS SPACE			
LONGWOOD FL	. 32750				3. Date Incorporated or Qualifed			
US					· ·			
<u> </u>		On Mailing Address	PV	uli nas	04/01/1997 4. FEI Number	-		pplied For
2. Principal P	lace of Business	29. Mailing Address	2	(nH)	1 .			
21 /70	) FI. LENINALIU	RENUTY (		11110/	<u> 59-3443378</u>	•	<del></del>	ot Applicable
Suite Apt.	# etc/s ///0	Suite, Apt/#, etc.			5. Certifcate of Status Desired	.□		Additional equired
22 0//	1000	27						
City & Stat	MEUDEN	City & Staffe 2	クケ	5	6. Election Campaign Financing		· · · ·	May Be
23	NOWOOD	28 /	× / ,		Trust Fund Contribution			to Fees
Zip	Country		untry		8. This corporation owes the curre		ingible □Yes	No
24	25	29 30			Personal Property Tax.  10. Name and Address of New R			ZSINO
<del> </del>	9. Name and Address of Current F	Registered Agent	81	Name	10. Name and Address of New R	egistereu z	igent	
POO	NE CONSTANCE A		01	Name				
BOONE, CONSTANCE A 1348 FRANKLIN ST.				82 Street Address (P.O. Box Number is Not Acceptable)				
ALIA	AMONTE SPRINGS FL 32701		83					
			84	City			<b>85</b> Zip	Code
			•	Ony		FL		
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes, the	above	e-named corpor	ration submits this statement for the	purpose of o	changing its	s registered
office or r	egistered agent, or both, in the State of im familiar very, and accept the obligation	Florida, Such chenge was authorizens of Section 597 0505. Florida Sta	ed by	the corporation	i's board of directors. I hereby accep	t the appoin	tment as re	egisterea
	Francis	(1) hend	, ruico	· //	i i 199			
SIGNATURE	Signature, typed or printed name of registered agent ar	nd titte if applicable. (NOTE: Registeri	ed Agen	nt signature equired	when coinstailing)	DATE		
12.	OFFICERS AND		j		ADDITIONS CHANGES TO OF	ICERS AN	D DIRECT	ORS IN 12
TITLE	D	DELETE 1.1	TITLE	V.	$\rho_{e}$ -	:	Change	Addition
NAME	BOONE, CONSTANCE A	12	NAME	17,	ARVEIJ MASON I	WER.		
STREET ADDRESS	1348 FRANKLIN ST.	1.33	STREET	ADDRESS 3	ING MAKSTER	FT		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	<b>1</b>	CITY-ST	بسيك ا	ACKCONIIIIE	FL	323	305
TITLE	7.2.7.4.107.12.07.14.100.7.2.02.07.	=	TITLE		Tensonvice,		☐ Change	Addition
NAME		22	NAME		!	•		
		<b>I</b>		TADDRESS				-
STREET ADDRESS								
CITY-ST-ZIP			CITY-S	11-211			Change	☐ Addition
TITLE								
NAME			NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			CITY-S	T-ZIP			Change	☐ Addition
TITLE			TITLE				□ change	
NAME	]		NAME	Ì				
STREET ADDRESS		4.3	STREET	TADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE			TITLE				☐ Change	☐ Addition
NAME		5.2	NAME					
STREET ADDRESS		5.3	STREET	ADDRESS				
CITY-ST-ZIP		5.4	CITY-S	T-ZIP				
TITLE		DELETE 6.1	TITLE				☐ Change	☐ Addition
NAME		6.2	NAME					
STREET ADDRESS		6.3	STREET	TADDRESS				
OTTLE I ADDRESS			CITY-S					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other high empowered.

SIGNATURE: