FILED Mar 05, 2003 8:00 am & Secretary of State

03-05-2003 90095 019 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P97000046224 DOCUMENT # 1. Entity Name JANNA'S FINE CONSIGNER APPAREL, INC. Principal Place of Business Mailing Address 268 INDIAN ROCKS ROAD 268 INDIAN ROCKS ROAD **BELLEAIR BLUFFS FL 33770** BELLEAIR BLUFFS FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Zip Country Country

☐ CHECK HERE IF MAKING CHANGES Applied For 59-3448831 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent	The second of th	
QUINN, JANNA 268 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE)	egistered office or registered agent, or both, in the State of Florida. Lai 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	44	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change

Addition QUINN, JANNA NAME NAME **268 INDIAN ROCKS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change — Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

Change

Addition