

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90209 001 18,700.00

0119036 AT

**DOCUMENT # P97000051548**

1. Entity Name  
**FASHION BUG #3113, INC.**



Principal Place of Business  
**HIGHLAND LAKES CENTER  
7421 W. COLONIAL DRIVE  
ORLANDO FL 32818**

Mailing Address  
**450 WINKS LN  
CORP TAX DEPT  
BENSALEM PA 19020  
US**



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 **52-2043665**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D BERN, DORIT J</b>	<b>450 WINKS LANE</b>	<b>BENSALEM PA 19020</b>				
	<b>D LIEBERMAN, KATHLEEN H</b>	<b>450 WINKS LANE</b>	<b>BENSALEM PA 19020</b>				
	<b>V SULLIVAN, JOHN J</b>	<b>450 WINKS LN</b>	<b>BENSALEM PA 19020</b>				
	<b>VTSD SPECTER, ERIC M</b>	<b>450 WINKS LANE</b>	<b>BENSALEM PA 19020</b>				
	<b>D GRAUB, JONATHON</b>	<b>450 WINKS LANE</b>	<b>BENSALEM PA 19020</b>				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)