

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90974 032 ***150.00

0696184 FP

DOCUMENT # P97000055368

1. Entity Name

ACCENT BRIDAL ACCESSORIES, INC.



Principal Place of Business

3500 FAIRLAND FARMS RD
#10
WELLINGTON FL 33414
US

Mailing Address

3500 FAIRLAND FARMS RD
#10
WELLINGTON FL 33414
US

2. Principal Place of Business

8750 E. DERBY OAKS DR

3. Mailing Address

8750 E. DERBY OAKS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORAL CITY FL

City & State

FLORAL CITY

4. FEI Number

65-0764645

Applied For

Not Applicable

Zip

34436

Country

USA

Zip

FL

Country

34436

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JONES, ROBERT D
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

CATHERINE MILANO

Street Address (P.O. Box Number is Not Acceptable)

8750 E. DERBY OAKS DR.

City

FLORAL CITY

FL

Zip Code

34436

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

Catherine Milano

PRESIDENT

4/22/03

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

(NOTE: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILANO, CATHERINE	
STREET ADDRESS	3500 FAIRLANE FARMS RD #10	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILANO, CATHERINE	
STREET ADDRESS	8750 E. DERBY OAKS DR.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Catherine Milano

CATHERINE MILANO

4/22/03

352-

637-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)