2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9800000659

1. Entity Name

SIGNATURE:

A NEW BEGINNING CONSIGNMENT BOUTIQUE, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90065 038 ***150.00

Daytime Phone #

Principal Place of Business 11891 US HIGHWAY ONE NORTH PALM BEACH FL 33408	Mailing Address 11891 US HIGHWAY ONE NORTH PALM BEACH FL 33408							
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	City & State			4. FEI Number 65-080381	12	Applied For Not Applicable]
Zip Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		1
6. Name and Address of Currer	it Registered Agent	· _	•	_ 7. Name and Address of New			_	1
			Name.					
HACKNEY, ROBERT C			Street Address (P.O. Box Number is Not Acceptal	ble)			┪
11891 US HIGHWAY ONE			Oli Cot / Idal Coo (I	(1.0. Box Number is Not Acceptable)				
NORTH PALM BEACH FL 33408				P.				
		-	City		FL	Zip Cod	e	1
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE					Florida. I am far	l niliar with,	and accept	
Signature, typed or printed name of registered age	nt 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	I			9. Election Campaign Trust Fund Contribu			0 May Be I to Fees	
10. OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND D	IRECTOR	S IN 11	1_
TITLE D SPEAR, THERESA M 7 728 7TH WAY WEST PALM BEACH FL 33407			T ADDRESS ST-ZIP	•	(Change 1	☐ Addition	F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS]	Change	Addition] 60
TITLE		NAME	T ADDRESS ST-ZIP	الله المرابع المسترابية	أيرعية مع مد مرسيب	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		[_ Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied wiindicated on this report or supplemental report	☐ Delete th this fifing does not qualify for	CITY-S		ction 119.07(3)(i), Florida Statute		Change	Addition Addition	T