

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 042 ***220.00

DOCUMENT # P98000002674

1. Entity Name

White-Collar Working Women's Clothing
Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

483 Stillwater Dr.

Suite, Apt. #, etc.

3. Mailing Address

483 Stillwater Dr.

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

59-3556415

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

COLLINS, MICHELLE M.

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

483 STILLWATER DRIVE

City

OVIDEO

FL

Zip Code

32765

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	COLLINS, MICHELLE M.
STREET ADDRESS	483 STILLWATER DRIVE
CITY - ST - ZIP	OVIDEO, FL 32765
TITLE	V/T
NAME	BOGAN, MARILYN, J.
STREET ADDRESS	16819 ROSE BRIAR
CITY - ST - ZIP	NAMPA, ID 83687
TITLE	D
NAME	BRAUN, MONICA J.
STREET ADDRESS	20692 S. UPPER HIGHLAND ROAD
CITY - ST - ZIP	BEAVERCREEK, OR 97004
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle M. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(407) 365-5310

Daytime Phone #

CR2E034B (12/01)