

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90191 022 ***150.00

DOCUMENT # P98000045695

1. Entity Name
MAKE BELIEVE COSTUMES AND DANCEWEAR, INC.



Principal Place of Business
**9715 BEACH BOULEVARD
JACKSONVILLE FL 32246**

Mailing Address
**9715 BEACH BOULEVARD
JACKSONVILLE FL 32246**

2. Principal Place of Business

1855 Parental Home Rd

Suite, Apt. #, etc.

3. Mailing Address

1855 Parental Home Rd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip
32216

Country
USA

Zip
32216

Country
USA

4. FEI Number **59-3512337**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUMP, JULIE
9715 BEACH BOULEVARD
JACKSONVILLE FL 32246**

Name

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

1855 Parental Home Rd

City

Jacksonville

FL

Zip Code

32216

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GUMP, JULIE**
STREET ADDRESS **9715 BEACH BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **P** ☒ Change ☐ Addition
NAME **1855 Parental Home Rd**
STREET ADDRESS **Jacksonville FL 32216**
CITY-ST-ZIP **Jacksonville FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JULIE GUMP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

904-645-6337

Daytime Phone #

CR2E034 (10/02)