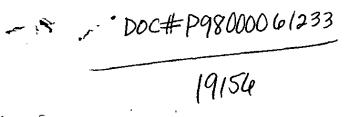
2000 UNIFORM BUSINESS REPORT (UBR)

| 1 | 1 | 7 |
|---|---|---|
| | U | L |

| | MENT # P980000 | 061233 | ML | | | | |
|---|----------------------------------|--|--|--|---|--|--|
| 1. Entity Nam SUNFLO |) Ower baby boutique, inc | | | L | | | |
| چـــــــــــــــــــــــــــــــــــــ | | | r . | FILED | | | |
| Principal Place of Business | | Mailing Address 2441 N.W. 43RD STREET SUITE 22 | | 2 | 00 SEP 19 AN 9:01 | | |
| 2441 N.W. 43RD STREET SUITE 22 2441 N.W. 43RD STREET SUITE GAINESVILLE FL 32606 GAINESVILLE FL 32606 | | - | - | SECRETABYLCO STATE TALLAHASSEF ELOPIA | | | |
| A. FOR | | | | FALLAHASSEF FI ORIAN KAN KAN KAN KAN KAN KAN KAN KAN KAN K | | | |
| 2. Principal Place of Business | | 3., Malling Address | | | - I FRENIEGO TITO HERBE ITOTIT BRUIX ORRES BRUIX ORREO GENTU FILIA PARA CLUADO EXITO CO | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | <u> </u> | 4. FEI Number 59-3521611 Applied For Not Applicable | | |
| Zip | Country | Zip | Coun | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| - 120-12- | 6. Name and Address of Current I | Registered Agent | | Name | 7. Name and Address of New Registered Agent | | |
| THEOHARIS, STACY M 2441 N.W. 43RD STREET SUITE 22 GAINESVILLE FL 32608 | | | 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. | | | | | | | |
| SIGNATURE | | | | | | | |
| Signature, typed or printed name of registered agent and little if applicable. [NOTE: Registered Agent signature required whan reinstating) DATE DATE | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE After SEPTEMBER 13, 2000 Make Check Payable to De | | | Min. will be \$750 | | | | |
| 11. | OFFICERS AND (| | 12, | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition | | |
| | | | E Et adoress | : :::::::::::::::::::::::::::::::::::: | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | ☐ Delete | TITL | | -09/29/0001019013 ****150.00 chapp***150000 | | |
| NAME STREET ADDRESS | | | NAM STRE | E Et adoress | | | |
| CITY-ST-ZIP | | | _ | -\$1-ZIP | ☐ Change ☐ Addition | | |
| NAME | | ☐ Delete | TITLI Man, L., | E | ☐ Change ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS -ST-ZIP | · | | |
| TITLE NAME | | ☐ Delate | TITL | | ☐ Change ☐ Addition | | |
| STREET ADDRESS | | | STRE | ET ADDRESS -ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | ☐ Oeleta | נודוד | | Change Addition | | |
| name Street address | | | NAM STRE | E Et address | | | |
| CATY-ST-INP | | ☐ Delete | CITY | -ST-ZIP | ☐ Change ☐ Addition | | |
| NAME | (AME | | E | | | | |
| STREET ADORESS CITY-ST-ZIP | | | CITY | ET ADDRESS -ST-ZIP | KE | | |
| 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: SIGNATURE THE LEWISED 7/15/01 352 377-3766 | | | | | | | |
| | | | | | | | |





242

Florida Department of State Division of Corporations

This letter is in regards to the 2000 Uniform Business Report that was due last month. I have been having problems receiving all my mail the past few six months. My suite number 22 and others in our development are constantly complaining to the landlord. I paid last years \$150.00 and would rather pay \$150.00 this year.

I called your office and the employee said to type this letter explaining that I never received the report. Enclosed is the \$150.00. Thank you for understanding my situation.

Sincerely,

Stacy Theoharis

Owner

हैं सिवकार

2441 NW 43rd St. Suite 22 Gainesville, FL 32606

352.377.3766 352.377.0000 FAX