

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072376

1. Entity Name

BODY BEADS BY NOELLE, INC.

**FILED**  
Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90077 022 \*\*\*150.00

Principal Place of Business

120 N 7 ST  
#202  
BOCA RATON FL 33424

Mailing Address

601 S.E. 5TH COURT  
#205  
FT. LAUDERDALE FL 33301-2943

2. Principal Place of Business

120 NW 70th St. #202

3. Mailing Address

120 NW 70th St.

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

America

Zip

33487

Country

America

6. Name and Address of Current Registered Agent

DAYTONI, LORI NOELLE  
120 NW 70 ST  
#202  
BOCA RATON FL 33424

7. Name and Address of New Registered Agent

Name

Lori Noelle Dayton

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

120 N.W. 70th St.

#202

City

Boca Raton

FL

Zip Code

33487

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

Lori Noelle Dayton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	DAYTON, LORI N	
STREET ADDRESS	1200 NW 7 E ST #202	
CITY-ST-ZIP	BOCA RATON FL 33424	
TITLE	PSTV	<input type="checkbox"/> Delete
NAME	DAYTON, LORI N	
STREET ADDRESS	120 NW 70TH ST #202	
CITY-ST-ZIP	BOCA RATON FL 33424	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Noelle Dayton	
STREET ADDRESS	120 N.W. 70th St. #202	
CITY-ST-ZIP	Boca Raton, FL. 33487	
TITLE	P/S/T/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Noelle Dayton	
STREET ADDRESS	120 N.W. 70th St. #202	
CITY-ST-ZIP	Boca Raton, FL. 33487	
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		

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:

Lori Noelle Dayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

561-998-8164

Daytime Phone #

CR2E034 (9/99)