

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076486

1. Entity Name

ELEGANT STYLES INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90061 027 ***150.00

Principal Place of Business

Mailing Address

1601 MAIN STREET
DUNEDIN FL 34698

1601 MAIN STREET
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3531749

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

CUTCHEN, CAROLINE V
1601 MAIN STREET
DUNEDIN FL 34698

Name

Kathy Megnin

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

1549 Coachlight way

City

Dunedin, FL

FL

Zip Code

34698

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

Kathy D. Megnin

Kathy D. Megnin

PRESIDENT

4-16-01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME CUTCHEN, CAROLINE V
STREET ADDRESS 2806 89TH AVE E
CITY-ST-ZIP PARRISH FL 34219

TITLE P ☐ Change ☒ Addition
NAME Kathy D. Megnin
STREET ADDRESS 1549 Coachlight way
CITY-ST-ZIP Dunedin, FL 34698

TITLE V ☐ Delete
NAME BERRES, JENNIFER
STREET ADDRESS 2935 SHORE DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Kathy D. Megnin

Kathy D. Megnin

4-16-01

738-4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)