

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90090 022 ***150.00

DOCUMENT # P98000081131

1. Entity Name

DRESS HUNTER, INC.

Principal Place of Business

~~6006 FORENOST ROAD TAMPA FL 33647~~
6006 Grand Palm Dr. Apt 511
TAMPA FL 33647

Mailing Address

~~6006 FORENOST ROAD TAMPA FL 33647~~
6006 Grand Palm Dr
TAMPA FL 33647-2664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6006 Grand Palm Dr. Apt. 511
Tampa, FL 33647

Suite, Apt. #, etc.

City & State

City & State
Tampa Florida

4. FEI Number **59-3539019**

Applied For
 Not Applicable

Zip

Country

Zip
33647

Country

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

ROLON, BELINDA
~~6006 FORENOST ROAD TAMPA FL 33647~~
6006 Grand Palm Dr
Apt 511
Tampa Fl. 33647

Name
 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 title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|--|------|
| TITLE | NAME | TITLE | NAME |
| | <input type="checkbox"/> Delete 6006 Grand Palm Dr. Apt. 511 Tampa, FL 33647 | <input type="checkbox"/> Change <input type="checkbox"/> Addition 6006 Grand Palm Dr Tampa, FL 33647 | |
| | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/00** Daytime Phone # **(813) 910-9276**

CR2E034 (9/99)