

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104259

1. Entity Name
ELECTRE BOUTIQUE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90032 042 ***150.00

Principal Place of Business
**1210 INTERNATIONAL PKWY S.
STE. M
LAKE MARY FL 32746**

Mailing Address
**P.O. BOX 952228
LAKE MARY FL 32746-1614**

014100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1210 International Pkwy S
Suite, Apt. #, etc.
158
City & State
LAKE MARY FL
Zip
32746 Country
USA

3. Mailing Address
1210 International Pkwy S
Suite, Apt. #, etc.
SUITE 158
City & State
LAKE MARY FL
Zip
32746 Country
USA

4. FEI Number **59-3547168** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, PARLO J
238 NEW GATE LOOP
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

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 _____ (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, 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		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, KEITH L	NAME			
STREET ADDRESS	238 NEW GATE LOOP	STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, PARLO J	NAME			
STREET ADDRESS	238 NEW GATE LOOP	STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: **PARLO J EDWARDS** 1/18 (407) 804-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #