

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017743

1. Entity Name

SOUTHERN COMFORT FASHIONS, INC.

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90036 049 ***150.00

Principal Place of Business

3207 NE KAPOK CT.

2051 NE OCEAN BLVD UNITC-13

STUART FL 34996

Jensen Bch FL 34957

Mailing Address

2051 NE OCEAN BLVD UNITC-13

STUART FL 34996

Same

2. Principal Place of Business

53 W FLAGLER

Suite, Apt. #, etc.

3. Mailing Address

3207 NE KAPOK CT

Suite, Apt. #, etc.

City & State

STUART FL

Zip 34996

Country

U.S.

City & State

Jensen Bch, FL

Zip

34957

Country

US

4. FEI Number

65-0902275

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

Name

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

City

FL

Zip Code

DEW, JANE M

2051 NE OCEAN BLVD UNITC-13 3207 NE KAPOK CT

STUART FL 34996

Jensen Bch, FL 34957

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)

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 ☐ Delete

NAME DEW, JANE M

STREET ADDRESS 2051 NE OCEAN BLVD UNITC-13

CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete

NAME DEW, DAVID C

STREET ADDRESS 2051 NE OCEAN BLVD UNITC-13

CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 3207 NE KAPOK CT.

CITY-ST-ZIP JENSEN Bch FL 34957

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 3207 NE KAPOK CT

CITY-ST-ZIP JENSEN Bch FL 34957

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

Daytime Phone #

CR2E034 (9/99)