FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90828 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000029071 DOCUMENT

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF FT. MYERS



INC. Principal Place of Business Mailing Address % TAX DEPARTMENT % TAX DEPARTMENT 1830 SOUTH 130 NORTH 1830 SOUTH 130 NORTH **BURLIGTON NJ 08016** BURLIGTON NJ 09016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0911099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLIVER, DON Street Address (P.O. Box Number is Not Acceptable) % BURLINGTON COAT FACTORY 12801 WEST SUNRISE BOULEVARD SUNRISE FL 33323 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/02) ☐ Delete TITLE ☐ Change ☐ Addition MILSTEIN, MONROE NAME NAME 1830 ROUTE 130 STREET ADDRESS STREET ADDRESS **BURLINGTON NY 08016** CITY-ST-ZIP CITY-ST-ZIP DSV TITLE ☐ Delete TITLE ☐ Change Addition NAME MILSTEIN, ANDREW R NAME STREET ADDRESS 1830 ROUTE 130 STREET ADDRESS CITY-ST-ZIP **BURLINGTON NY 08016** CITY-ST-ZIP **EVPS** TITLE Delete TITLE ☐ Change Addition TANG, PAUL C NAME NAME STREET ADDRESS 1830 RT 130 N STREET ADDRESS CITY-ST-ZIP **BURLINGTON NY 08016** CITY-ST-ZIP CF₀ TITLE ☐ Delete TITLE Change Addition NAME LA PENTA, ROBERT NAME 1830 ROUTE 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BURLINGTON NY 08016** CITY-ST-ZIP TDV TITLE ☐ Delete TITLE Change ☐ Addition MILSTEIN, STEPHEN NAME NAME STREET ADDRESS 1830 ROUTE 130 STREET ADDRESS CITY-ST-ZIP **BURLINGTON NY 08016** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 on sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR