FILED
Jul 03, 2003 8:00 am
Secretary of State
07-03-2003 90030 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051374 (L)

1. Entity Name
Nancy's Too, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
333 1st St N. ~~Suite 101~~
Suite, Apt. #, etc.
Suite 101
City & State
Jacksonville Beach Fla
Zip 32250 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243507 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Odette Hundemann
Street Address (P.O. Box Number is Not Acceptable) 5377 Selton Ave
Jacksonville Fla
City FL Zip Code 32211

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 Odette Hundemann Odette Hundemann 6/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~January 1 - May 1 Fee is $150.00~~
~~After May 1 Fee is $500.00~~
~~Amended UBR is $61.25~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Nancy Hundemann
STREET ADDRESS	206 19th Ave N
CITY-ST-ZIP	Jacksonville Beach Fla 32250
TITLE	V
NAME	Odette Hundemann
STREET ADDRESS	5377 Selton Ave
CITY-ST-ZIP	Jacksonville, Fla 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E0348 (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Hundemann NANCY HUNDEMANN 6/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 904 246-4877

ATTACHMENT
80125481
P99000051374

6/5/03

To Whom it may Concern:

I received the application today and am immediately sending it off. We had called last week for the application when we realized this hadn't been paid and it was due. We never received a new application. Thank you for sending this. If there are any problems feel free to call

Nancy Hundemann
904-246-4877

P99000051374

NANCY'S TOO, INC.
333 FIRST ST. N. - SUITE 101
JACKSONVILLE BEACH, FL 32250
904-246-4877

3343

63-943/631

PAY TO THE ORDER OF Florida Dept. of State

DATE 6/5/03

$

One hundred and fifty dollars and no cx DOLLARS

SouthTrust Bank

FOR

Nancy Hundemann

⑈003343⑈ ⑆063109430⑆ 61 341 329⑈