2000 UNIFORM BUSINESS REPORT (UBR)

4/4/7/00

FILED
Jun 21, 2000 8:00 am
Secretary of State

04-07-2000 90023 014 ***150.00

DOCUMENT # P99000058804

1. Entity Name

MISS LORI ANNE, INC.

Principal Place of Business

4 SEA GULL AV

~~P O BOX 3058~~

VERO BEACH FL 32964-3058

Mailing Address

P O BOX 3058

VERO BEACH FL 32964

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc. 4 SEAGULL AVE

City & State VERO BEACH FL

Zip 32960 Country

3. Mailing Address 4 SEA GULL AVE

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3584441 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, STEVEN C
49 ROYAL PALM POINT, SUITE 200
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name S CRAIG LONG

Street Address (P.O. Box Number is Not Acceptable) PO BOX 3058

4 SEA GULL AVE

City VERO BEACH FL Zip Code 32964-3058

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] DATE 1/8/00

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, STEVEN C 49 ROYAL PALM POINT, SUITE 200 VERO BEACH FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, LORI A 49 ROYAL PALM POINT, SUITE 200 VERO BEACH FL 32964-3058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 1/8/00 561-538-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #