

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90188 028 ***150.00

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DOCUMENT # P99000062147

1. Entity Name

5TH AVE. SWIM & FASHION, INC.



Principal Place of Business

2987 BELLEVUE
DAYTONA BEACH FL 32124

Mailing Address

4601 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119-1220

2. Principal Place of Business

3. Mailing Address

1373 Cedar Bluff St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach FL

Zip

Country

Zip

Country

32117

Verlona

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2477255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABONTE, SERGE
4601 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119-1220

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. 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

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABONTE, SERGE
4601 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119-1220 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABONTE, ELSIE
4601 S CLYDE MORRIS BLVD
PORT ORANGE FL 32119-1220 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

386-253-7567

Date

Daytime Phone #

CR2E034 (10/02)