2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000071540 **DOCUMENT #**

1. Entity Name

ELEGANT IMPRESSIONS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90053 010 ***150.00

Suite, Apt. 4, etc. City & Stato Country Country Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name	Principal Place 10436 127TH LARGO FL 33		Mailing Address 10436 127TH PL. N. LARGO FL 33773				90006891					
City & State City & State City & State City & State Country Country S. Certificate of Status Desired \$8.75 Additional \$8.75 Additional	2. Principal Place of Business		3. Mailing Address						HII ed hi ia h	II FEBÎN ŞIVAL BINÎ	ií Beoir eo u ioda	
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
September 1. Septe	City & Star	е	City & State			4.	FEI Number	59-3592479)			
Someward Address of Name and Address of New Registered Agent Someward Address (P.O. Box Number is Not Acceptable)	Zíp	Country	Zip Country		try	5.	Certificate of	Status Desired		\$8.75 A	dditional	
HOUSER, CHARLOIE C 10438 127TH PL N. LARGO FL 33773 City FL Zip Code	6. Name and Address of Current Registered Agent					7. 1	Name and A	ddress of New F	legisterec	•	-	
10436 127TH PL N. LARGO FL 33773 City FL Zip Code		OLIABI OLE O			Name							
LARGO FL 33773 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 Summare, typed or presend name of logicisector agent and vibe if applicable. (NOTE: Revisioned Agent synapse majorida then revisiting) DAIL			Street Addre			ss (P.O. Box Number is Not Acceptable)						
Eith above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00												
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 FILE NOW!!! FEE IS \$150.00	LAKGU FI	_ 33//3										
B. The above named onlity 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				Ī	City	V			FI	Zip Co	de	
SIGNATURE Signature Signa	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. Lam familiar with, and accept											
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Signature required remotive required value is upplicative (NOTE: Regulations Agent a regulation required when investibility) DATE	SIGNATURE											
After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Fiorida Department of State 10.												
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TITLE PVPS CHARLCIE C Change Addition	10. 😘	OFFICERS AND	DIRECTORS	11.	··	AD	DITIONS/CH	ANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11	
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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 in true and approach and that we exemption stated in Section 119.07(3)(ii).	NAME STREET ADDRESS CITY-ST-ZIP	sitify that the information are also with		NAME STREET CITY-S	T-ZIP					_ •		

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

SIGNATURE: