

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074524

1. Entity Name
DRESS TO IMPRESS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 6:33
850 497 6053

Principal Place of Business
3115 MARATHON AVE
ORLANDO FL 32805

Mailing Address
3115 MARATHON AVE
ORLANDO FL 32805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
849 Sand Lake Rd
Suite, Apt. #, etc.

3. Mailing Address
3115 Marathon Ave
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-2594723

Applied For
Not Applicable

Zip
32809
County
Orange

Zip
32805
County
Orange

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

6. Name and Address of Current Registered Agent
WALTHOUR, HARRIS
3115 MARATHON AVE
ORLANDO FL 32805

7. Name and Address of New Registered Agent
Name
Harris H. Walthour
Street Address (P.O. Box Number is Not Acceptable)
3115 Marathon Ave
City Orlando FL FL 32805

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
Harris Walthour

[Signature]

9-21-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
President Harris H. Walthour 3115 Marathon Ave Orlando FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000003408050--7 -09/28/00--01061--013 *****750.00 *****750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000003408050--7 -09/28/00--01061--014 *****8.75 *****8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8/9/27	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-2000 407 4231955
Date Daytime Phone #

CR2E034 (5/00)