2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P9900074524 1. Entity Name DRESS TO IMPRESS INC. 04-28-2001 90081 047 ***150.00 Principal Place of Business Mailing Address 849 SAND LAKE RD 3115 MARATHON AVE ORLANDO FL 32809 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Correct Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2594723 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTHOUR, HARRIS Street Address (P.O. Box Number is Not Acceptable) 3115 MARATHON AVE ORLANDO FL 32805 Zip Code City 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, typed or printed name of registered agent and title if apolicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Deiete ☐ Addition TITLE TITLE WALTHOUR, HARRIS H NAME NAME STREET ADDRESS STREET ADDRESS 3115 MARATHON AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 Biock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.