FILED

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Feb 19, 2003 8:00 am Secretary of State DOCUMENT # P99000084502 1. Entity Name 02-19-2003 90014 037 \*\*\*150.00 INVITATIONS GALORE, INC. Principal Place of Business Mailing Address 5350 N.W. 108TH WAY FOGCGUUN 5350 N.W. 108TH WAY CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0949653 Not Applicable Zip Country Zip Country \$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 BENNIS, RANDY M ESQ. Street Address (P.O. Box Number is Not Acceptable) 319 S.E. 14TH ST. FT. LAUDERDALE FL 33316 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Channe ☐ Addition BENNIS, CHERYL NAME NAME STREET ADDRESS 5350 N.W. 108TH WAY STREET ADDRESS CITY-ST-7IF CORAL SPRINGS FL 33076 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete: 7tTt <del>F</del> - 🖂 - Change — 🔄 - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: CHERY G BENDIS PROP SIGNATURE AND TYPED OR PRINTED NAME OF SIG