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**FILED** 

Jan 08, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

STREET ADDRESS

**SIGNATURE:** 

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

CITY-ST-7IP

## P99000094154 **Secretary of State** 1. Entity Name 01-08-2002 90022 037 \*\*\*150.00 FASHIONABLE FASHION, INC. Principal Place of Business Mailing Address 2160 HOWLAND BLVD 2160 HOWLAND BLVD SUITE 106 SUITE 106 **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2201185 Not Applicable 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 DOWLAT, VIRGINIA'S Street Address (P.O. Box Number is Not Acceptable) 11615 SIR WINSTON WAY ORLANDO FL 32824 City Zip Code FL 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 applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete (10/6) ☐ Addition TITLE ☐ Change NAME DOWLAT, VIRGINIA S NAME STREET ADDRESS 11615 SIR WINSTON WAY STREET ADDRESS CR2E034 ORLANDO FL 32824 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME

STREET ADDRESS

CITY-ST-ZIP 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

386-532-070Q