

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90096 034 \*\*\*150.00

DOCUMENT # *P99000095990*

1. Entity Name

*Danish Boutique, Inc.* ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*400 Evergreen Dr.*

Suite, Apt. #, etc.

3. Mailing Address

*400 Evergreen Drive*

Suite, Apt. #, etc.

City &amp; State

*Oldsmar, FL*

City &amp; State

*Oldsmar, FL*

Zip

*34677*

Country

*USA*

Zip

*34677*

Country

*USA*

4. FEI Number

*59-3607192*

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

*Lillian Delle Desilvio*

Street Address (P.O. Box Number is Not Acceptable)

*400 Evergreen Drive*

City

*Oldsmar*

FL

Zip Code

*34677***DO NOT WRITE  
IN THIS SPACE**

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

*Lillian Delle Desilvio**04-10-2002*

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| TITLE | NAME                          | STREET ADDRESS             | CITY-ST-ZIP              |
|-------|-------------------------------|----------------------------|--------------------------|
|       | <i>PUTS DEM</i>               |                            |                          |
|       | <i>Lillian Delle Desilvio</i> | <i>400 Evergreen Drive</i> | <i>Oldsmar, FL 34677</i> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Lillian Delle Desilvio**Lillian Delle Desilvio**03/12/2002 (PAB) 505-9989*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)