FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am DOCUMENT # P99000096336 **Secretary of State** 1. Entity Name DRESS ME UP. INC. 02-15-2001 90051 048 \*\*\*150.00 Principal Place of Business Mailing Address 11790 US HIGHWAY ONE SUITE 300 1780 US HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 C0021603 2. Principal Place of Business 3. Mailing Address LAIN ST 1209 1209 MAIN ST DO NOT WRITE IN THIS SPACE Suite 4. FEI Number Applied For City & State 65-0962414 LPITER PITER Not Applicable 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 FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11780 US HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITI F ☐ Change ☐ Addition TITI F DIRENZO, MERN A NAME NAME STREET ADDRESS **506 PELICAN LANE NO** STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Delete VPS TITLE TITLE ☐ Addition FAY, LISA E FAY, LISA E. 105 FOX MEADOW RUN NAME NAME **506 PELICAN LANE NO** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Change ☐ Addition ☐ Delete ---TITI F 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-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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 eath; 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

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGRING OFFICER OR DIRECTOR

CR2E034 (10/00)