FILED

. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT JUBR

Sep 11, 2003 8:00 am Secretary of State P99000100620 DOCUMENT # 09-11-2003 90097 005 ***150.00 1. Entity Name HONEYS FASHIONS INC. Principal Place of Business Mailing Address 9711 TROUT RIVER BLVD. 6866 -9711-TROUT-RIVER-BLVD.- 686 JACKSONVILLE FL-32208-JACKSONVILLE FL-32200-2. Principal Place of Business Mailing Address 66 Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Ofty & State City & State Applied For 59-3607364 Not Applicable Countr \$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 WEBB, LINDA Street Address (P.O. Box Number is Not Acceptable) 6866 RAMOTH DRIVE JACKSONVILLE FL 32226 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 9-9-03 SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PO Change Addition TITLE ☐ Delete TITLE WEBB, LINDA NAME NAME 6866 RAMOTH DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Delete ☐ Change Addition TITLE TITLE WEBB. SAMUEL NAME NAME STREET ADDRESS 6866 RAMOTH DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an oddress, with all other like empowered.

SIGNATURE

SIGNING OFFICER OR DIRECTOR

9-9-03

904-751-3537

Davtime Phone #

Date

" Cettochment Evelyn Noel – Accountant

Member National Association of Public Accountants

3711 Trout River Blvd. Jacksonville, Florida 32208 Telephone 768-6486 Fax 764-1881

September 9, 2003

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, Fla. 32302-1500

re: Honeys Fashions Inc

Gentlemen:

We are enclosing the Uniform Business Report for the above Mentioned Corporation. This report is dated for May 2003. As of this date we have not received any other reports requesting a renewal. We have checked all the mail and we have checked the computer and this renewal has not been received until the attached notice.

We are enclosing our check in the amount of \$150 to cover the cost of renewing.

If you have any additional questions please feel free to advise.

Evelyn Noel

cc; file