

FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90338 016 \*\*\*150.00

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

DOCUMENT # P99000104799

1. Entity Name  
**INCAWEAR OF FLORIDA, INC.**



Principal Place of Business  
**211 COMMERCIAL BLVD  
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address  
**211 COMMERCIAL BLVD  
LAUDERDALE BY THE SEA, FL 33308**

2. Principal Place of Business  
**211 COMMERCIAL BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAUD. BY SEA. FL**  
Zip  
**33308**  
Country  
**BROWARD**

City & State  
Zip  
Country

4. FEI Number  
**65-0965002**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SEVIGNY, AMPARO  
211 COMMERCIAL BLVD  
LAUDERDALE BY THE SEA, FL 33308**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003, Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **SEVIGNY, STEVE**  
STREET ADDRESS **2601 NW 27 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **S** ☐ Delete  
NAME **SEVIGNY, AMPARO B**  
STREET ADDRESS **2601 NW 27 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **S** ☐ Delete  
NAME **SEVIGNY, AMPARO**  
STREET ADDRESS **2601 NW 27 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **T** ☐ Delete  
NAME **SEUIGNY, STEVE**  
STREET ADDRESS **2601 NW 27 AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVE SEVIGNY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**april 10/03 7720616**  
Date Daytime Phone #

CR2E034 (10/02)