

2001 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

0129632 AT

DOCUMENT # **P99000108085**

1. Entity Name
EVER AFTER FORMAL WEAR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 20 PM 2:58

Principal Place of Business
**3886 CREEK BED CIRCLE
ST. CLOUD FL 34769**

Mailing Address
**3886 CREEK BED CIRCLE
ST. CLOUD FL 34769**

Please change address



2. Principal Place of Business
9480 S. Orange Blossom Trail

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

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Same

4. FEI Number
59-3612738

Applied For
Not Applicable

Zip
32837

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANE, KAREN A
3886 CREEK BED CIRCLE
ST. CLOUD FL 34769**

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.

SIGNATURE *Karen A Crane*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRANE, KAREN A
3886 CREEK BED CIRCLE
ST. CLOUD FL 34769** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000005168540--2
-03/26/02--01024--011
*****300.00 *****300.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Karen A Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 407-854-0259

Date

Daytime Phone #

CR2E034 (5/01)

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

Ever After Formal Wear, Inc
9480 S. Orange Blossom Trail
Orlando, Florida 32837
407-854-0259

Dear Sir,

I didn't send my filing fees in to the department in a timely manner because I didn't recieve them untill after the date it was due.

The deadline for filing was Sept 12, 2001 or pay a late fee. I didn't recieve my packet with my information untill Oct. 25, 2001.

I didn't know I could send it in after the date untill I called your office. Please process my paper work. If there is any problem please call me at my office and I will send additional fees if necessary.

Thank you,
Karen A. Crane



3/18/2002