

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90035 009 ***155.00

DOCUMENT # S66485

1. Entity Name
EMILY'S BOUTIQUE' INC.

Principal Place of Business

**5201 WEST CLUB CIRCLE
 # 206
 BOCA RATON FL 33487**

Mailing Address

**5201 WEST CLUB CIRCLE
 # 206
 BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8189 PELICAN HARBOUR DR
 Suite, Apt. #, etc.**

3. Mailing Address

**8189 PELICAN HARBOUR DR
 Suite, Apt. #, etc.**

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

4. FEI Number

65-0275650

Applied For

Not Applicable

Zip

33467

Country

FLORIDA

Zip

33467

Country

FLORIDA

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

6. Name and Address of Current Registered Agent

**BRADBURN, EMMILY S.
 5201 WEST CLUB CIRCLE
 # 206
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **Emily S. Bradburn**
 Street Address (P.O. Box Number is Not Acceptable)
8189 PELICAN HARBOUR DR.
 City **LAKE WORTH** FL Zip Code **33467**

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 **Emily S. Bradburn**
 Signature, typed or printed name of registered agent and title if applicable.

Emily S. Bradburn
 (NOTE: Registered Agent signature required when reinstating)

4/23/02
 DATE

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **V** ☐ Delete
 NAME **BRADBURN, EMILY S**
 STREET ADDRESS **5201 W. CLUB CIR., #206**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **C** ☐ Delete
 NAME **BRADBURN, ERIC H**
 STREET ADDRESS **5201 W. CLUB CIR., #206**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** ☐ Delete
 NAME **BRADBURN, BRYAN K**
 STREET ADDRESS **6586 AURORA DRIVE**
 CITY-ST-ZIP **TROY MI 48098**

TITLE **DT** ☐ Delete
 NAME **BRADBURN, ROY F.**
 STREET ADDRESS **1219 AUTUMN**
 CITY-ST-ZIP **TROY MI**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Emily S. Bradburn**
 STREET ADDRESS **8189 PELICAN HARBOUR DR**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☒ Change ☐ Addition
 NAME **ERIC H. BRADBURN**
 STREET ADDRESS **8189 PELICAN HARBOUR DR**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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: **Emily S. Bradburn**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 561-649-5211
 Date Daytime Phone #

CR2E034 (9/01)