

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90718 024 ***150.00

DOCUMENT # S95911

1. Entity Name

FANTASIA BY MARYELLEN, INC

Principal Place of Business

**11649 164TH CT N
 JUPITER FL 33478
 US**

Mailing Address

**11649 164TH CT N
 JUPITER FL 33478
 US**

2. Principal Place of Business

3. Mailing Address

4156 ROBERT ST

4156 ROBERT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TEQUESTA

TEQUESTA

City & State

City & State

TEQUESTA FL

TEQUESTA FL

Zip

Country

Zip

Country

33469

USA

33469

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, MARYELLEN

**11649 164TH CT N
 JUPITER FL 33478**

**4156 ROBERT ST
 TEQUESTA, FL 33469**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **PEARSON, MARYELLEN**
 STREET ADDRESS **11649 164TH CT N**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Change ☐ Addition
 NAME **4156 ROBERT ST**
 STREET ADDRESS **TEQUESTA, FL 33469**
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

561 745-4151
 Daytime Phone #

CR2E034 (9/01)