

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00346

1. Entity Name

FASHION BUG #2540, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90134 001 *3,450.00

Principal Place of Business

Mailing Address

9610 US HWY 19 N
CORPORATE TAX - 7813
PORT RICHEY FL 34668
US

450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020-5919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1763280

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 ☐ Delete

NAME
D BERN, DORRIT J
STREET ADDRESS
450 WINKS LANE
CITY-ST-ZIP
BENSALEM PA

TITLE ☐ Delete

NAME
VSTD SPECTER, ERIC
STREET ADDRESS
450 WINKS LANE
CITY-ST-ZIP
BENSALEM PA 19020

TITLE ☐ Delete

NAME
V SULLIVAN, JOHN J
STREET ADDRESS
450 WINKS LANE
CITY-ST-ZIP
BENSALEM PA 19020

TITLE ☐ Delete

NAME
P DORRITT, BERN
STREET ADDRESS
450 WINKS LANE
CITY-ST-ZIP
BENSALEM PA 19020

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. SULLIVAN

Date

Daytime Phone #

2/15/00

215 / 6386739

CR2E034 (9/99)