

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90332 037 ***150.00

04/28/03 AV

DOCUMENT # **V20265**

1. Entity Name
FASHION CONTEMPO INC.



Principal Place of Business

**14502 N. DALE MABRY
SUITE 304
TAMPA FL 33618
US**

Mailing Address

**14502 N. DALE MABRY
SUITE 304
TAMPA FL 33618
US**



2. Principal Place of Business

**5102 W LINEBAUGH AVE
Suite, Apt. #, etc.**

3. Mailing Address

**5102 W LINEBAUGH AVE
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

65-0373548

Applied For

☐ Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

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

**SCOTT SPECTOR
14502 N DALE MABRY
SUITE 304
TAMPA FL 33615**

**CHG
ADDRESS**

Name

Street Address (P.O. Box Number is Not Acceptable)

5102 W LINEBAUGH AVE

City **TAMPA**

FL

Zip Code

33624

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 **SCOTT SPECTOR, PRES.**
Signature typed or printed name of registered agent and title if applicable.

SCOTT SPECTOR, PRESIDENT 4/24/03

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SPECTOR, ELLIOTT B**
STREET ADDRESS **899 APPLEBY STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SPECTOR ELLIOTT** ☒ Change ☐ Addition
NAME **1031 ISLE GROVE PL**
STREET ADDRESS **BOCA RATON FL 33433**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPECTOR, SCOTT**
STREET ADDRESS **14502 N DALE MABRY, SUITE 304**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **SPECTOR SCOTT** ☒ Change ☐ Addition
NAME **5102 W LINEBAUGH AVE**
STREET ADDRESS **TAMPA FL 33624**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SCOTT SPECTOR, PRES. 4/24/03 813 265-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)