

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-28-2003 90129 005 ***150.00

DOCUMENT # V39229

1. Entity Name

TALKING THREADS FASHIONS, INC.



Principal Place of Business

4380 GULFSHORE BLVD N

206 # 820

NAPLES FL 34103

US

Mailing Address

4380 GULFSHORE BLVD N

206 # 820

NAPLES FL 34103

US

2. Principal Place of Business

4380 Gulfshore Blvd N.

3. Mailing Address

4380 Gulfshore Blvd N.

Suite, Apt. #, etc.

820

Suite, Apt. #, etc.

820

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0333843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABANA, JANET O

4031 GULFSHORE BLVD N

105

NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

CABANA, JANET O.

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

766 Pelican Court

City

Marco Island

FL

Zip Code

34145

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

Janet O. Cabana

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

(NOTE: Registered Agent signature required when reinstating)

2/25/03

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

TITLE **D** ☒ Delete
NAME **CABANA, ROBERT**
STREET ADDRESS **4031 GULFSHORE BLVD N, #105**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CABANA, ROBERT**
STREET ADDRESS **766 Pelican CT**
CITY-ST-ZIP **Marco Island, FL 34145**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

239-642-7560

Daytime Phone #

CR2E034 (10/02)