

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90125 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # V44469**

1. Entity Name

**FANTASY IN SILK, INC.**

Principal Place of Business

Mailing Address

6233 WESTGATE  
 605  
 ORLANDO FL 32835  
 US

6233 WESTGATE  
 605  
 ORLANDO FL 32835  
 US

2. Principal Place of Business

3. Mailing Address

647 Broadway  
 Suite, Apt. #, etc.

647 Broadway  
 Suite, Apt. #, etc.

City & State  
 Dunedin

City & State  
 Dunedin

4. FEI Number **59-3125940**

Applied For  
 Not Applicable

Zip **FL** Country **34698**

Zip **FL** Country **34698**

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

**JONES, LORAIN M.**  
**6233 WESTGATE**  
**605**  
**ORLANDO FL 32835**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 647 Broadway  
 City **Dunedin** **FL** Zip Code **34698**

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 **PST** ☐ Delete  
 NAME **JONES, LORAIN M.**  
 STREET ADDRESS **6233 WESTGATE 605**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **647 Broadway**  
 CITY-ST-ZIP **Dunedin FL 34698**

TITLE **D** ☐ Delete  
 NAME **JONES, LORAIN M**  
 STREET ADDRESS **6233 WESTGATE 605**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **647 Broadway**  
 CITY-ST-ZIP **Dunedin FL 34698**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/19/2000 (727) 736-7795**

CR2E034 (9/99)