2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V44813 **DOCUMENT #**

1. Entity Name

JOSIE'S TOO, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90158 021 ***150.00

						WE THE						
Principal Place of Business 2660 GRIFFIN RD FT LAUDERDALE FL 33312			Mailing Address 2660 GRIFFIN RD FT LAUDERDALE FL 33312									
2. Principal P	ace of Busin	ess	3. Mailin	ng Address		•		<u> </u>	HANK BURK	aibi i bibii bii		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 65-0343364	Applied For Not Applicable			
Zip Country		Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6 Namo	and Address of Current	Penistere	d Agent			7.	Name and Address of New Regist	ered Ag	ent		
	o. Name	and Address of Correct	riegisteret			Name						
BOVIE, JO				- % रेम 		Street Address	s (P.O. E	Box Number is Not Acceptable)	_			
2660 GRIF								Add .				
FT LAUDE	RDALE FL	33312				City	\ <u>-</u>		FL	Zip Code	Э ,	
									Lam far	milior with	and accept	
8. The above the obligat	named entity ions of regist	submits this statement fered agent.	or the purpo	ose of changing its	s registere	ed office or regist	tered aç	gent, or both, in the State of Florida.	i am iar	ninai widi, i	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if appl	icable. (NO	TE: Registere	d Agent signature requi	ired when i	reinstating)	DATE			
Afte	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department	of State	·	<u>, </u>			- 9. Election Campaign Financir Trust Fund Contribution.)g_ 		May Be to Fees	
				DC	11.	·	A	DDITIONS/CHANGES TO OFFICER	S AND E	DIRECTORS	3 IN 11	
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12. I hereby	certify that th	e information supplied w	ith this filing	does not qualify t	or the ex	emption stated in	Section	n 119.07(3)(i), Florida Statutes. I furt e legal effect as if made under oath;	ner certi that I ar	ry that the i n an officei	mormation r or director	

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 all officer of 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:

URE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #