

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # J23384**1. Entity Name
FABULOUS FOLIAGE, INC.

Principal Place of Business	Mailing Address
1550 MALUKE RD.	7727 ENDERBY AVE
P.O. BOX 542	
MIDDLEBURG FL	JACKSONVILLE FL
32068	32244 US

2. Principal Place of Business	3. Mailing Address
12940 SILVER OAK DRIVE	P. O. BOX 23346

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL

Zip	Country	Zip	Country
32223	US	32241	US

4. FEI Number	Applied For
59-2708749	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BANNER, JACQUELINE (KUHMANN)**
1550 MALUKE RD.

MIDDLEBURG FL
32068 US**7. Name and Address of New Registered Agent**

Name
BANNER, JACQUELINE (KUHMANN)
Street Address (P.O. Box Number is Not Acceptable)
12940 SILVER OAK DRIVE
City
JACKSONVILLE FL
Zip Code
32223

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 **JACQUELINE KUHMANN BANNER****02/10/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BANNER, JACQUELINE	
STREET ADDRESS	1550 MALUKE ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANNER, JACQUELINE		
STREET ADDRESS	12940 SILVER OAK DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32223		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Jacqueline Banner

psd

02/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)