

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90129 005 \*\*\*150.00

**DOCUMENT # P01000119223**

1. Entity Name  
**SUSAN HESS DESIGNS ,INC.**

Principal Place of Business

13354 2ND ST. EAST  
 MADEIRA BEACH FL 33708

Mailing Address

13354 2ND ST. EAST  
 MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-2011403

Applied For

Not Applicable

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

HESS, SUSAN E  
 13354 2ND ST. EAST  
 MADEIRA BEACH FL 33708

Name

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

City

**FL**

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HESS, SUSAN E	13354 2ND ST. EAST	MADEIRA BEACH FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SUSAN HESS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-02 927-455-1939  
 Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

*# PO 100019273*

***Susan Hess Designs, Inc 121846***

***13354 2nd Street East***

***Madeira Beach, FL 33708***

***727-391-8908***

~~July 12, 2002~~

Division of Corporations  
Uniform Business Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

I recently received your notification of your failure to receive my Uniform Business Report for 2002 by the original due date of May 1, 2002. That was the first notification that I had received advising me that this report was required. This is the first year of my corporation's existence and I was unaware of the filing requirements.

In accordance with the instructions I received from your office I have enclosed a check for \$150.00 along with the 2002 Uniform Business Report.

Sincerely,

Susan E. Hess  
President