

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045379

1. Entity Name  
DESIGNER'S CORNER, INC.

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

04-24-2000 90091 049 \*\*\*150.00

Principal Place of Business  
1287 AVONDALE AVE  
JACKSONVILLE FL 32205

Mailing Address  
1287 AVONDALE AVE  
JACKSONVILLE FL 32205-7837



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                           |  |                                |  |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number 59-3259261                                  |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                           |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                                           |  |                                |  |

|                                                                  |  |  |  |                                                    |  |    |  |
|------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|----|--|
| 6. Name and Address of Current Registered Agent                  |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| COLBORN, LYNN I<br>1287 AVONDALE AVENUE<br>JACKSONVILLE FL 32205 |  |  |  | Name                                               |  |    |  |
|                                                                  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|                                                                  |  |  |  |                                                    |  |    |  |
|                                                                  |  |  |  | City                                               |  | FL |  |

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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>P<br>COLBORN, LYNN IVY<br>1287 AVONDALE AVENUE<br>JACKSONVILLE FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: LYNN I COLBORN 4/17/00 904/385/1488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #