

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90005 014 \*\*\*558.75

**DOCUMENT # P00000046431**  
**1. Entity Name**  
**A SPLASH OF STYLE INC.**

**Principal Place of Business**  
**707 MULLETT RD., SUITE 118**  
**PORT CANAVERAL FL 32920**

**Mailing Address**  
**707 MULLETT RD., SUITE 118**  
**PORT CANAVERAL FL 32920**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**6252 SE Lillian Ct**  
 Suite, Apt. #, etc.

**City & State**  
 Stuart, FL

**City & State**  
 Stuart, FL

**Zip**  
 34997

**Country**  
 USA

**4. FEI Number**  
 59-3641699

**Applied For**  
☒ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CLIFTON, MARY B**  
**6252 SE LILLIAN CT.**  
**STUART FL 34997**

**7. Name and Address of New Registered Agent**  
 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.**

**SIGNATURE** Mary Beth Clifton **7/15/01**  
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 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLIFTON, AMY L P. O. BOX 320883 COCOA BCH FL 32932 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLIFTON, MARY B 6252 SE LILLIAN CT. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLIFTON, JOHN E 6252 SE LILLIAN CT. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:** SIGNATURE REQUIRED **7/15/01** **561 694 6443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)