

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91888 002 \*\*\*150.00

0034707  
AV

**DOCUMENT # F84336**

1. Entity Name

ANNE K. DESIGNER COLLECTION, INC.



Principal Place of Business  
C/O DAVID A. TOWNSEND  
13071 FT CAROLINE ROAD  
JACKSONVILLE FL 32225

Mailing Address  
P.O. BOX 8987  
JACKSONVILLE FL 32211

2. Principal Place of Business

13071 Ft. Caroline Road

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

Zip

Country

4. FEI Number

59-2208763

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOWNSEND, DAVID A.  
100 MADISON STREET, SUITE 301  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Thomas W Brooks  
Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd, Suite 2014  
City Jacksonville FL Zip Code 32207

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

5/1/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KUFELDT, ANNE  
STREET ADDRESS 13071 FT. CAROLINE RD.  
CITY-ST-ZIP JACKSONVILLE, FL 00000 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME KUFELDT, PHILLIP A  
STREET ADDRESS 13071 FT CAROLINE RD  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Thomas W. Brooks  
STREET ADDRESS 1301 Riverplace Blvd Suite 2014  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Thomas W. Brooks, Jr. DIRECTOR

5/1/03 (904) 396-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)