

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90336 042 \*\*\*150.00

**DOCUMENT # J29323**

1. Entity Name  
**STYLE, INC.**

Principal Place of Business

**6200 TRAIL BLVD NORTH  
NAPLES FL 33963 34108**

Mailing Address

**6200 TRAIL BLVD NORTH  
NAPLES FL 33963 34108**

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 **59-2729592**

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SOFFER, JEFFREY E.  
6200 TRAIL BLVD NORTH  
NAPLES FL 33963**

## 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. 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

**JEFFREY E. SOFFER**

**7/17/02**

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

TITLE **PT** ☐ Delete  
NAME **SOFFER, JEFFREY E.**  
STREET ADDRESS **6200 TRAIL BLVD. N.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **VPS** ☐ Delete  
NAME **SOFFER, MARILYN**  
STREET ADDRESS **6200 TRAIL BLVD. N.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Marilyn Soffer** **MARILYN SOFFER** **7/17/02** **941-597-5357**

Attachment 729323 60131459

**S T Y L E**

eclectic home furnishings & design

7/17/02

To Whom ~~It~~ May Concern,

yesterday I received the first notice from  
you that a VBR needed to be paid and filed.  
Therefore, I respectfully request that since  
no prior notice was received that the  
late fee be waived and I have enclosed  
my 150<sup>00</sup> original filing fee.

Sincerely,

Marilyn Soffer

Vice President, Secretary  
Style, Inc.