

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90351 018 \*\*\*150.00

MAR 2002

**DOCUMENT # J37940**  
**1. Entity Name**  
**FASHION GOLDSMITH, INC.**

<b>Principal Place of Business</b> 411 19TH ST S. ST PETERSBURG FL 33712	<b>Mailing Address</b> 411 19TH ST S. ST PETERSBURG FL 33712
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<b>2. Principal Place of Business</b> 926 W. BAY DR Suite, Apt. #, etc.	<b>3. Mailing Address</b> 926 W. BAY DR Suite, Apt. #, etc.
<b>City &amp; State</b> LARGO FLA	<b>City &amp; State</b> LARGO FLA

<b>Zip</b> 33770	<b>Country</b> P, N	<b>Zip</b> 33770	<b>Country</b> P, N
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**4. FEI Number** 59-2730567  **Applied For**  
 **Not Applicable**

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**PSALTIS, BILL**  
**411-19TH SOUTH**  
**ST PETERSBURG FL 33712**

**7. Name and Address of New Registered Agent**  
**Name** BILL PSALTIS  
**Street Address (P.O. Box Number is Not Acceptable)** 926 W. BAY DR  
**City** LARGO **FL** **Zip Code** 33770

**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.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete PSALTIS, BILL 411 19TH ST. SO. ST. PETERSBURG FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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:** *Bill Psaltis* **Bill Psaltis** **4/1/02** **727 585-7224**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CFR2E034 (9/01)