

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90153 011 \*\*\*150.00

**DOCUMENT # J42209**

1. Entity Name  
**SIGHT 'N STYLE, INC.**



Principal Place of Business  
**590 DUNDAS DR.  
JACKSONVILLE FL 32218**

Mailing Address  
**590 DUNDAS DR.  
JACKSONVILLE FL 32218**

2. Principal Place of Business

**2631-3 DUNN AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**2631-3 DUNN AVE**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE, FL**  
Zip Country  
**32218- DUVAL**

City & State  
**JACKSONVILLE, FL**  
Zip Country  
**32218- DUVAL**

4. FEI Number  
**59-2736159**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELEFANT, FRED**  
**1650 PRUDENTIAL DR., SUITE #105**  
**JACKSONVILLE FL 32207**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	<b>DIETRICK, JUDY</b>	<b>590 DUNDAS DR</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DIETRICK, JUDY</b>	<b>2631-3 DUNN AVENUE</b>	<b>JACKSONVILLE, FL 32218</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **DIETRICK, JUDY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/2003**  
Date  
**1-904-751-2445**  
Daytime Phone #

CR2E034 (10/02)