2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029908

1. Entity Name

UV SWIMSUIT AND SWIMWEAR LLC



FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90004 026 ****50.00

Surier, Apt. W. etc. City & State A. FET Number S. Conflicted of Statuts Desired \$. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name City FL Zip Code Country Street Address (P.O. Box Numbor's Not Acceptable) City FL Zip Code				SOO WE TO			
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City & State Country Country Screen Address of Current Registered Agent Name Name Name Name Name Name Name Name Name Streed Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zi	2. Principal Place of Business		3. Mailing Address				
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☑ CHECK	CHECK HERE IF MAKING CHANGES	
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MAISE, DAWN 9641 N.W. 51ST ST. CORAL SPRINGS FL 33078 City FL Zip Code		6. Name and Address of Cu	rrent Registered Agent	·	7. Name and Address of	New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State of Florida De				Name		W. W. C.	
City FL Zip Code 8. The above named entity submits this statament 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, hybrid or present name of registered apent and life if explicable. (NOTE Registered Apent algorium regulated when remission) DATE FILE NOW!!! FEE IS \$50.00 Make Chieck Polyability 1, 2003	9641 N.W. 51ST ST.			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
B. 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. Control C	COF	AL SPHINGS FL 330/6					
THE OBLIGATIONS OF registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00				City		FL Zip Code	
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1. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes, I further certify that the information	CITY-ST-ZIP			CITY-ST-ZIP			
	11. I hereby o	certify that the information supplied	d with this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i). Florida Sta	tutes. I further certify that the information	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 3-27-03 954-328-1732

UTHORIZED REPRESENTATIVE