

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90029 037 \*\*\*150.00

046011

**DOCUMENT # M67258**

1. Entity Name  
**DEREK'S OF LONDON, INC.**

Principal Place of Business  
 115 VILANO RD.  
 SAINT AUGUSTINE FL 32095  
 US

Mailing Address  
 115 VILANO RD.  
 SAINT AUGUSTINE FL 32095  
 US

**946264**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing

**① ZIP CODE HAS BEEN CHANGED THIS PAST YEAR TO 32084**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
**32084**

Country

Zip  
**32084**

6. Name and Address of Current Registered Agent

**BAILY, DEREK C**  
**115 VILANO RD.**  
**SAINT AUGUSTINE FL 32095**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

4. FEI Number **59-2884465**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D BAILY, DEREK C</b>	<b>236 SAN MARCO AVE</b>	<b>ST. AUGUSTINE FL</b>				

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: *Derek C Baily* **DEREK C. BAILY** 4/12/01 (904) 829 0850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)