

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90077 005 ***550.00

DOCUMENT # P00000031175

1. Entity Name
BRANNEL'S DESIGN AND SEWING ROOM, INC.



Principal Place of Business
**6154 SPRINGER DR
SUITE A
PORT RICHEY FL 34668
US**

Mailing Address
**6154 SPRINGER DR
SUITE A
PORT RICHEY FL 34668
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-3647368** **59-364** **7367**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAITCH-BYLHOUT, PATRICIA E
7833 PRIMULA LANE
PORT RICHEY FL 34654**

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]
Signature, typed or printed name of registered agent and title if applicable.

P Saitch-Bijlhout
(NOTE: Registered Agent signature required when reinstating)

05-19-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SAITCH-BYLHOUT, PATRICIA E**
STREET ADDRESS **7833 PRIMULA LANE**
CITY-ST-ZIP **PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME **SAITCH - Bijlhout Patricia E**
STREET ADDRESS **7833 primula Ln New port Richey**
CITY-ST-ZIP **FL 34654**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-19-03
Date

727-845 8415
Daytime Phone #

CR2E034 (10/02)