2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053420

1. Entity Name
KATHY'S JEWELRY, INC.

Principal Place of Business
6821 W HILLSBOROUGH AVE. SUITE 18
TAMPA FL 33634-5003

Mailing Address
6821 W HILLSBOROUGH AVE. SUITE 18
TAMPA FL 33634-5003

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3101 SW 34th Ave.
Suite, Apt. #, etc. Ste 904
City & State Ocala, FL
Zip 34474   Country

3. Mailing Address 3101 SW 34th Ave
Suite, Apt. #, etc. Ste 904
City & State Ocala, FL
Zip 34474 Country

4. FEI Number 59-3650950 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DUENO, KATHERINE
6821 W HILLSBOROUGH AVE, SUITE 18
TAMPA FL 33634-5003

7. Name and Address of New Registered Agent

Name Katherine Dueno
Street Address (P.O. Box Number is Not Acceptable) 3101 SW 34th Ave Ste. 904
City Ocala FL Zip Code 34474

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

DATE 1-28-03

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 P NAME DUENO, KATHERINE STREET ADDRESS 6821 W HILLSBOROUGH AVE, SUITE 18 CITY-ST-ZIP TAMPA FL 33634-5003	☐ Delete		TITLE NAME STREET ADDRESS 3101 SW 34th Ave., Ste 904 CITY-ST-ZIP Ocala, FL 34474	☒ Change	☐ Addition
TITLE V NAME DUENO, HECTOR D STREET ADDRESS 6821 W HILLSBOROUGH AVE, SUITE 18 CITY-ST-ZIP TAMPA FL 33634-5003	☐ Delete		TITLE NAME STREET ADDRESS 3101 SW 34th Ave., Ste 904 CITY-ST-ZIP Ocala, FL 34474	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/02)

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: X _Kathy Dueno_ PRESIDENT DATE 1-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #