

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90324 002 ***150.00

0004407

DOCUMENT # P0000085689

1. Entity Name
D. COURTMAN SAVILE ROW BESPOKE TAILOR, INC.

Principal Place of Business 21218 ST. ANDREWS BOULEVARD #237 BOCA RATON FL 33433	Mailing Address 21218 ST. ANDREWS BOULEVARD #237 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1388 NW Boca Raton Blvd	3. Mailing Address 1388 NW Boca Raton Blvd
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Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
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City & State BOCA RATON FL	City & State BOCA RATON FL
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4. FEI Number 22-3752153	Applied For <input type="checkbox"/> Not Applicable
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Zip 33432	Country US	Zip 33432	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOCHFELSEN, JEFFREY S ESQ.
 2101 CORPORATE BOULEVARD
 SUITE 325
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

FL

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, W. MCSWAIN	
STREET ADDRESS	21218 ST. ANDREWS BOULEVARD #237	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. MCSWAIN Fowler	
STREET ADDRESS	1388 NW Boca Raton Blvd Ste 3	
CITY-ST-ZIP	Boca Raton Fla. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date: 2/16/01 Daytime Phone #: 561-367-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)