

# 603 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00000106045**

1. Entity Name  
**DESIGNS By DEBRA, Inc.**



FILED

03 JUN - 2 AM 10:10

STATE OF FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**304 YORKSHIRE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**304 YORKSHIRE ST**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PORT CHARLOTTE FL**

City & State  
**PORT CHARLOTTE FL**

4. FEI Number  
**65-1054930**

Applied For  
Not Applicable

Zip  
**33954** Country  
**U.S.A.**

Zip  
**33954** Country  
**U.S.A.**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DEBRA PURDY**  
Street Address (P.O. Box Number is Not Acceptable)  
**304 YORKSHIRE ST.**

City **PORT CHARLOTTE** FL Zip Code **33954**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE **PRESIDENT**  
NAME **DEBRA PURDY**  
STREET ADDRESS **304 YORKSHIRE ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
**600020681736**

TITLE **SECRETARY**  
NAME **ROBERT PURDY**  
STREET ADDRESS **304 YORKSHIRE ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
**06/09/03--01054--018 \*\*155.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Debra Purdy** **DEBRA PURDY** 6-1-03 (941) 743-5191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)