

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90749 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000001155

1. Entity Name
HUE DESIGN, INC.



90123457

Principal Place of Business
160 VILANO RD., #7
ST. AUGUSTINE, FL 32084

Mailing Address
160 VILANO RD., #7
ST. AUGUSTINE, FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3690167

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

INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD., UNIT 7
ST. AUGUSTINE, FL 32084

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

Holly Uhland Itnyre

(NOTE: Registered Agent Signature Required when Submitting)

04/29/03

DATE

FILE NOW WITH FEE OF \$150.00
ANYTIME MAY 1, 2003 TO MAY 31, 2003
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 PD
NAME UHLAND, HOLLY L.
STREET ADDRESS 160 VILANO RD., #2
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

☐ Delete

TITLE
NAME HOLLY UHLAND ITNYRE
STREET ADDRESS 160 VILANO RD #7
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Holly Uhland Itnyre

04/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)