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

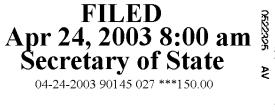
P01000023620

1. Entity Name

STYLES UNLIMITED, INC.

**DOCUMENT #** 





Principal Place of Business 10440 BAYSHORE ROAD NORTH FORT MYERS FL 33917			10440	Mailing Address 10440 BAYSHORE ROAD NORTH FORT MYERS FL 33917							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e		City	City & State				FEI Number 65-1102569		Applied For	
Zìp	Country			Zip Country			5. (	Certificate of Status Desired	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent							7. Ň	Name and Address of New Register	ed Agent		
SPIEGEL & UTRERA, P.A.					-	Name					
343 ALMERIA AVENUE				Street Addr			dress (P.O. B	ess (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134											
						City			FL Zip Co	de	
	named entity ions of registe		t for the purp	pose of changing its	registered	office or re	egistered age	ent, or both, in the State of Florida. I	am familiar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	olicable, (NOTI	E: Registered	Agent signature	required when re	einstating) OA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.	\$5.	00 May Be ed to Fees	
							- 40	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 11	
10.	PSTD	OFFICERS AI	ND DIRECTO	☐ Delete	11.		AU	DDITIONS/CHANGES TO OFFICERS	Change	Addition	
NAME	OTWELS; S	ALLY		L Desete	NAME				Change	L Addition	
STREET ADDRESS 10440 BAYSHORE ROAD						ADDRESS					
CITY-ST-ZIP NORTH FORT MYERS FL 33917			7	CITY		iT-ZiP					
TITLE			• •••	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						[	
STREET ADDRESS						ADDRESS				J	
CITY-ST-ZIP		<u>,</u>			CITY-S	T-ZIP					
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME					NAME					J	
STREET ADDRESS CITY-ST-ZIP					CITY-S	ADDRESS					
	· <del></del>	<del></del>	<del></del>			1-211					
TITLE NAME				☐ Delete	TITLE	1			☐ Change	☐ Addition	
STREET ADDRESS						ADDRESS					
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NAME					NAME				_ •	_ (	
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TITLE				☐ Delete	TITLE				Change	Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S	T-ZiP				ĺ	

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: 🔏