FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029979

1. Entity Name

Marianne's Design, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1201 Patricia Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State
Zip: 34741 Country: Osceola	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717718 ☐ Applied For ☐ Not Applicable

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: Marianne Makinson

Street Address (P.O. Box Number is Not Acceptable): 1201 Patricia Circle

City: Kissimmee, FL FL Zip Code: 34741

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P, T, D
NAME	Marianne Makinson
STREET ADDRESS	1201 Patricia Circle
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

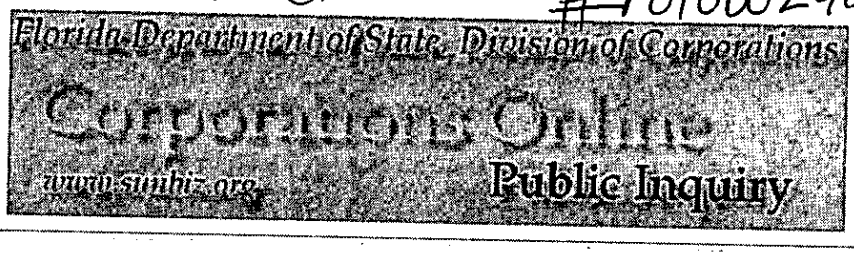
CR2E034B (12/01)

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

SIGNATURE: X Marianne Makinson 4/16/02 (407)933-7085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #P01000029979/6411661



Florida Profit

MARIANNE'S DESIGNS, INC.

PRINCIPAL ADDRESS
1201 PATRICIA CIRCLE
KISSIMMEE FL 34741

MAILING ADDRESS
1201 PATRICIA CIRCLE
KISSIMMEE FL 34741

Document Number	FEI Number	Date Filed
P01000029979	NONE	03/19/2001
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
MAKINSON, MARIANNE 1201 PATRICIA CIRCLE KISSIMMEE FL 34741

Officer/Director Detail

Name & Address	Title
MAKINSON, MARIANNE 1201 PATRICIA AVE. KISSIMMEE FL 34741	D

Annual Reports

Report Year	Filed Date	Intangible Tax