2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Secretary of State** P01000034215 1. Entity Name 03-07-2002 90264 026 ***150 00 STEPHANIE KOST DESIGNS, INC. Principal Place of Business Mailing Address 1265 REGAL'S LANDING DRIVE 1265 REGAL'S LANDING DRIVE SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address 1265 RIEGELS LANDING DRIVE 1265 RIEGELS LANDING DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 2836333 38-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والأراضي والمراجب مناجها المراجب KOST, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 1265 RIEGELS LANDING DRIVE 1265 REGAL'S LANDING DRIVE SARASOTA FL 34242 City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subn SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. P/5/0 (9/01) TITLE TITLE Delete STEPHANIE NAME KOS 7 NAME 1265 RIEGELS LANDING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASDTA VITIO RICHARD P. KOST Addition TITLE ☐ Change ☐ Delete NAME 1265 RIEGELS LANDING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34242 SARASOTA. ☐ Change ☐ Delete TITLE **Addition** STEPHEN P. KOST NAME NAME STREET ADDRESS 1265 RIEGELS LANDING DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FL 34242 ☐ Change Addition TITI E TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 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 porter to the course of indicated on this report or supplemental report of the corporation or the received of the corporation of t

changed, or on an attachm