

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0110404 AV

DOCUMENT # P01000043156

1. Entity Name
CHRISTINE DESIREE COLLECTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 10 AM 8:00

Principal Place of Business
1229 SECOND ST.
SARASOTA FL 34236

Mailing Address
1229 SECOND ST.
SARASOTA FL 34236



2. Principal Place of Business

556 South Pineapple Ave

Suite, Apt. #, etc.
B

3. Mailing Address

556 South Pineapple Ave

Suite, Apt. #, etc.
B

☒ CHECK HERE IF MAKING CHANGES

MRD

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-1106016

Applied For

Not Applicable

Zip

34236

Country

US

Zip

34236

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, BRIAN KEITH
1229 SECOND ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

556 South Pineapple Ave

City

SARASOTA

FL

Zip

34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	D	<input type="checkbox"/> Delete
NAME	SNYDER, BRIAN KEITH	
STREET ADDRESS	1229 SECOND ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, CHRISTINE D	
STREET ADDRESS	1229 SECOND ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	556 South Pineapple Ave	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	556 South Pineapple Ave	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-19-03

Date

94136307a

Daytime Phone #

CFR2034 (4/03)