

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 001 ***150.00

DOCUMENT # **P01000056986**
 1. Entity Name **STYLLUS JEWELRY IMPORT, INC**

Principal Place of Business Mailing Address

11041950

2. Principal Place of Business **14 SCHIP CT**
 Suite, Apt. #, etc.

3. Mailing Address **14 SCHIP CT**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **KISSIMMEE, FLORIDA**
 Zip **34759** Country **OSCEOLA**

4. FEI Number **59-3730806**
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **JOHN O HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
14 SCHIP CT
 City **KISSIMMEE** FL **34759**

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  **JOHN O HERNANDEZ, PVST, D** **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

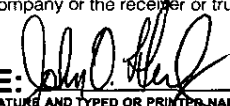
9. MANAGING MEMBERS/MEMBERS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	JOHN O HERNANDEZ	
STREET ADDRESS	14 SCHIP CT	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN O HERNANDEZ	
STREET ADDRESS	14 SCHIP CT	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **JOHN O HERNANDEZ** **4/29/03** **941-284-3506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)