

## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056986

1. Entity Name STYLUS JEWELRY IMPORT, INC.

24  
FFILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91801 001 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

145 SCHIP CT

3. Mailing Address

145 SCHIP CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

KISSIMMEE, FLORIDA

City &amp; State

KISSIMMEE, FLORIDA

Zip

34759

Country

OSCEOLA

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

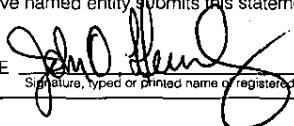
City

KISSIMMEE

FL

Zip 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 

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/03

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

## 9. MANAGING MEMBERS/MEMBERS

## 10.

## ADDITIONS/CHANGES

TITLE  Delete  
 NAME JOHN O HERNANDEZ  
 STREET ADDRESS 145 SCHIP CT  
 CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME JOHN O HERNANDEZ  
 STREET ADDRESS 145 SCHIP CT  
 CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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Change  Addition

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TITLE  
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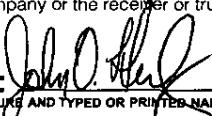
Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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: PVST, D  
JOHN O HERNANDEZ4/29/03 941-284-3506  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE