

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0410801 AV

DOCUMENT # P01000072360

1. Entity Name
DESIGNS BY TANYA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 AUG 20 PM 3:19

Principal Place of Business
1539 SE 11TH STREET
DEERFIELD BEACH FL 33441

Mailing Address
1539 SE 11TH STREET
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

3010 N Military Tr
Suite, Apt. #, etc.
Ste 200

1539 SE 11th St
Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Deerfield Bch FL

Zip
33431

Country

Zip
33441

Country

USA



6/6/03 01038 002 \$150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1125464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, TANYA D
1539 SE 11TH STREET
DEERFIELD BEACH FL 33441

Name Tanya Cross Pennington
Street Address (P.O. Box Number is Not Acceptable)
1539 SE 11th St
Deerfield Bch
City FL Zip Code 33441

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

Same Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS-PENNINGTON, TANYA 1539 SE 11TH STREET DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

President 4/18/03 561 843 9672

Date

Daytime Phone #

CR2E034 (10/02)