MAY-01-2002 14:16 NASON YEAGER

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90448 009 ***150.00

DOCUMENT # P01000086401

1. Entity Name

HONEY B. DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
204 Conniston Road	204 Conniston Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip 33405 Country USA	Zip 33405 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gerson, Gary N.

Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd.

City: West Palm Beach FL Zip Code 33401

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (Note: registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust fund ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	Laurenzano, Melissa	NAME	
STREET ADDRESS	204 Conniston Road	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] Melissa Laurenzano, President April 30, 2002 561-309-1774

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TOTAL P.03