

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 91448 027 ***150.00

DOCUMENT # P01000086563

1. Entity Name
OWENS DESIGNS INC.



Principal Place of Business
3151 SW 192 AVENUE
MIRAMAR FL 33029

Mailing Address
3151 SW 192 AVENUE
MIRAMAR FL 33029

2. Principal Place of Business
1705 HIGHGROVE CT. NO.

3. Mailing Address
1705 HIGHGROVE CT. NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MYRTLE BEACH SC

City & State
MYRTLE BEACH SC

4. FEI Number 65-1140980

Applied For
Not Applicable

Zip 29575

Country USA

Zip 29575

Country USA

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

BERDAYES, MANUEL
3151 SW 192 AVE
MIRAMAR FL 33029

Name

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

1705 HIGHGROVE CT. NORTH

City

MYRTLE BEACH SC FL

Zip Code

29575

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

Manuel Berdayes

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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	P	<input type="checkbox"/> Delete
NAME	OWENS BERDAYES, SHELLEY C	
STREET ADDRESS	3151 SW 192 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANUEL BERDAYES	
STREET ADDRESS	3151 SW 192 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33029	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Addition
NAME	SHELLEY OWENS BERDAYES	
STREET ADDRESS	1705 HIGHGROVE CT. NO	
CITY-ST-ZIP	MYRTLE BEACH SC 29575	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL BERDAYES	
STREET ADDRESS	1705 HIGHGROVE CT NO	
CITY-ST-ZIP	MYRTLE BEACH SC 29575	
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:

Shelley Owens Berdayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(843) 222-7878

Daytime Phone #

CR2E034 (10/02)