

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90129 005 \*\*\*150.00

**DOCUMENT # P01000119223**

1. Entity Name  
**SUSAN HESS DESIGNS ,INC.**

Principal Place of Business  
**13354 2ND ST. EAST**  
**MADEIRA BEACH FL 33708**

Mailing Address  
**13354 2ND ST. EAST**  
**MADEIRA BEACH FL 33708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**30-2011403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**HESS, SUSAN E**  
**13354 2ND ST. EAST**  
**MADEIRA BEACH FL 33708**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **HESS, SUSAN E**  
 STREET ADDRESS **13354 2ND ST. EAST**  
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-02** **727-**  
**455-1939**

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

*#P01000119223*

**Susan Hess Designs, Inc** *121846*

**13354 2nd Street East**

**Madeira Beach, FL 33708**

**727-391-8908**

July-12, 2002

Division of Corporations  
Uniform Business Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

I recently received your notification of your failure to receive my Uniform Business Report for 2002 by the original due date of May 1, 2002. That was the first notification that I had received advising me that this report was required. This is the first year of my corporation's existence and I was unaware of the filing requirements.

In accordance with the instructions I received from your office I have enclosed a check for \$150.00 along with the 2002 Uniform Business Report.

Sincerely,

Susan E. Hess  
President