## Apr 09, 2003 8:00 am Secretary of State

DOCUMENT #	P02000006447
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1. Entity Name STYLONOM.COM, INC.



Principal Place of Business 3535 OVERLOOK DR. ST. PETERSBURG FL 33703

Mailing Address 3535 OVERLOOK DR. ST. PETERSBURG FL 33703

2. Principal Place of Business	3. Mailing Address
2615 Wendover Terrace	2615 Wendover Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & State	Harbor	Florida		& State	orida			4. FEI Number 03 - 0399 695				plied For t Applicable			
34685		Pinellas				ellas			Certificate of Status	\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent								
JACQUAY, DALE 3535 OVERLOOK DR.					<u>.</u>	Name Dale Jacquay  Street Address (P.O. Box Number & Not Acceptable)  2615 Wendover Terrace									
ST. PETERSBURG FL 33703															
						City Palm Harbor FL						Zip Code	85_		
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 ATTA DATE M JACQUAY (PRESIDENT) APRIL 4, ZOO 3  Egnature, typed in prysed namefor registyfied 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 Carr Trust Fund C	ontribution.		Added	May Be to Fees		
10.		OFFICERS AND I	DIRECTO	RS	11.				DDITIONS/CHANGE	S TO OFFIC					
		rlook dr.		Delete	•	ET ADDRESS	PRESIDALE 2615	;	JACQUAY JACQUAY		√c∈ ˈ	Change	Addition		
CITY-ST-ZIP	SI. PEIER	SBURG FL 33703			GILA-	-ST-ZIP	PALM	<u> </u>	HARBOR, F	LORID					
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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.