

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90089 025 \*\*\*150.00

**DOCUMENT # P02000009660**

1. Entity Name  
**CHRISTINE'S JEWELRY BY DESIGN, INC.**



Principal Place of Business  
**Christine's  
Jewelry By Design Inc.  
13550 Reflections Pkwy 2-201  
Fort Myers, FL 33907**

Mailing Address  
**Christine's  
Jewelry By Design Inc.  
13550 Reflections Pkwy 2-201  
Fort Myers, FL 33907**



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

**27-0004133**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUWERS, THOMAS R  
1619 PERIWINKLE WAY, SUITE 102  
SANIBEL FL 33957**

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

**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 **PS/D** ☐ Delete  
NAME **LOUWERS, CHRISTINE M**  
STREET ADDRESS **1195 SAND CASTLE RD. 988 GREENWOOD CTN**  
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE **VP D** ☐ Delete  
NAME **LOUWERS THOMAS R**  
STREET ADDRESS **1195 SAND CASTLE RD**  
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE **T D** ☐ Delete  
NAME **LOUWERS THERESA E**  
STREET ADDRESS **1195 SAND CASTLE RD**  
CITY-ST-ZIP **SANIBEL FL 33957**

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CITY-ST-ZIP ☐ Change ☐ 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 a member 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 on the report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christine Louwers* **Christine Louwers**

1-9-03

239-40

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CR2E034 (10/02)