

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-15-2003 90236 031 ***150.00

DOCUMENT # P02000013171

1. Entity Name
JENNIFER FITZGERALD DESIGNS, INC.



Principal Place of Business
**1906 W. WATROUS AVENUE
TAMPA FL 33606**

Mailing Address
**1906 W. WATROUS AVENUE
TAMPA FL 33606**

55005731



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

41-2025059

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

**FITZGERALD, EDWARD
1806 MORRISON
2
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

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

1906 W Watrous Ave

City

Tampa

FL

Zip Code

33606

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)

1/12/03

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FITZGERALD, JENNIFER | |
| STREET ADDRESS | 1806 MORRISON AVE #2 | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FITZGERALD, EDWARD | |
| STREET ADDRESS | 1806 MORRISON AVE #2 | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | JENNIFER FITZGERALD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1906 W Watrous Ave | |
| STREET ADDRESS | TAMPA, FL 33606 | |
| CITY-ST-ZIP | TAMPA, FL 33606 | |
| TITLE | Edward Fitzgerald | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1906 W Watrous Ave | |
| STREET ADDRESS | TAMPA, FL 33606 | |
| CITY-ST-ZIP | TAMPA, FL 33606 | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

Date

Daytime Phone #

CR2E034 (10/02)