

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032924

1. Entity Name

Herethere Design Direction Inc.



Principal Place of Business

4038 PINYUN DRIVE
COCOA FL 32926

Mailing Address

4038 PINYUN DRIVE
COCOA FL 32926

2. Principal Place of Business

109 #3 S. Osceola Ave

Suite, Apt. #, etc.

Orlando FL

City & State

3. Mailing Address

109 #3 S. Osceola Ave

Suite, Apt. #, etc.

Orlando FL

City & State

Zip

32801

Country

USA

Zip

32801

Country

USA

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQ.

1329 BEDFORD DRIVE

SUITE 1

MELBOURNE FL 32940

4. FEI Number

04-3638696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

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

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME Senise Davis
STREET ADDRESS 109 #3 S. Osceola Ave
CITY-ST-ZIP Orlando, FL 32801

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TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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