

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90092 028 \*\*\*150.00

0000456 AV

**DOCUMENT # P02000044763**

**1. Entity Name**  
**DESIGNER JEWELRY LIMITED INC.**



**Principal Place of Business**  
**4320 A1A SO., SUITE 3**  
**ST. AUGUSTINE FL 32030**

**Mailing Address**  
**4320 A1A SO., SUITE 3**  
**ST. AUGUSTINE FL 32030**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

**4. FEI Number**

54-1978497

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FARRISS, ALLYSON S**  
**91 BEECHWOOD LANE**  
**PALM COAST FL 32137**

**7. Name and Address of New Registered Agent**

Name ALLYSON S. Y. FARRISS  
Street Address (P.O. Box Number is Not Acceptable)  
91 Beechwood Lane  
City Palm Coast FL Zip Code 32137

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRISS, ALLYSON S 4320 A1A SO., SUITE 3 ST. AUGUSTINE FL 32030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** ALLYSON S. Y. FARRISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 (904) 4721-4646

CR2E034 (4/03)

Attachment

80142023

#P02000044763

Designer Jewelry Limited  
Ocean Gate Plaza  
4320 A1A South, Suite #3  
St. Augustine, Florida 32080

Phone Number (904) 471-5656

August 26, 2003

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Designer Jewelry Limited, Incorporated did not receive the prior notice concerning the uniform business report. Thank you for your understanding.

Sincerely



Allyson S. Y. Farriss  
President