

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90087 039 ***150.00

DOCUMENT # P02000049209



1. Entity Name
DESIGNER DOGS BY VANESSA, INC.

Principal Place of Business
**13723 N DALE MABRY HWY
TAMPA FL 33618**

Mailing Address
**13723 N DALE MABRY HWY
TAMPA FL 33618**



2. Principal Place of Business

3. Mailing Address

12613 Clendenning DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Tampa FL

4. FEI Number

01-0684466

Applied For

Not Applicable

Zip

Country

Zip
33624

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARNIG, KENNETH J
12613 CLENDENNING DR
TAMPA FL 33624**

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

K. Karnig

3/17/03

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	P	<input type="checkbox"/> Delete
NAME	KARNIG, VANESSA L	
STREET ADDRESS	1801 PEREGRINO PERCH #311	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	V	<input type="checkbox"/> Delete
NAME	KARNIG, HAZEL C	
STREET ADDRESS	12613 CLENDENNING DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KARNIG, KENNETH J	
STREET ADDRESS	12613 CLENDENNING DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *K. Karnig* RE *Kenneth J. KARNIG* 3/17/03 813 391-6987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)