

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-24-2003 90129 029 ***150.00

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

DOCUMENT # P02000129011



1. Entity Name
SUSAN DYE, INC.

Principal Place of Business
101 LOYOLA DRIVE
ORMOND BEACH FL 32176

Mailing Address
101 LOYOLA DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business
101 Loyola Dr

3. Mailing Address
101 Loyola Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

OB, FL

4. FEI Number

54-2094660

Applied For

Not Applicable

Zip

Country

Zip

32176

Country

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

DYE, SUSAN
101 LOYOLA DRIVE
ORMOND BEACH FL 32176

Name Susan Dye
Street Address (P.O. Box Number is Not Acceptable)
101 Loyola Dr
City OB FL Zip Code 32176

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 Susan Dye

(NOTE: Registered Agent signature required when reinstating)

3-12-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Owner/President
NAME Susan Dye
STREET ADDRESS 101 Loyola Dr
CITY-ST-ZIP OB FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
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: Susan Dye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

Daytime Phone #

CR2E034 (10/02)