2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB)

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

<u> </u>	11141 10031	HEGG REPUN	• (ARU)	02.24.2002.001.20.022.4441.50.00
DOGUMENT # P02000129011 1. Entity Name SUSAN DYE, INC.				03-24-2003 90129 029 ***150.00
Principal Place of Busin	ess	Mailing Address		
101 LOYOLA DRIVE		101 LOYOLA DRIVE	-	
ORMOND BEACH FL 321	76	ORMOND BEACH FL 32176	1	
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	•			! 10031000 14. 60110 104. 6011 104. 6011 104. 6014 114. 114. 114. 114. 114. 114. 114. 1
2. Principal Place of Bu	Place of Business De 3. Mailing Adoless on the De			
Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES
State	FU	OBIY & PPL		4. EEI Number Applied For S4 - 209 4660 Not Applicable
33174	Volusi 4		Value o	
6. Na	me and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent
	**.		Name _	Susan ne
DYE, SUSAN	•	•	Street Ad	Address (P.O. Box Number is Not Acceptable)
101 LOYOLA DRIVE		•		OI LOYOLA DE
ORMOND BEACH				
UNINUAL OCACITI	E, 92170			
	_		City C	FL Zocon To T
8. The above named e	ntite submits this statem	nent for the purpose of changing its	registered office or r	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of rec	iffered agent.		og district still see see .	Together agon, or both, if the state of forder, I am familia with, and accept
	Au An	li Yang		2-12-03
SIGNATURE				<u> </u>
- Signature, ty	ped or printed name of registered	d agent and title at applicable. (NOTE	: Registered Agent signature	ture required when reinstatung) OATE
FILE NOV	VIII FEE IS \$150.0	0		
	2003 Fee will be \$55			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable	to Florida Departm	ent of State		Trust Fund Contribution. Added to Fees
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE COUP			TITLE	
	san Ay	> C Delate	NAME	S
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AVT/ 87 NA	RPL	32176	CITY-ST-ZIP	· [8]
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NAME	•	E Delete	NAME	. Change Discontion S
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
7171 6			777.6	
TITLE -NAME	_	☐ Delete	TITLE	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	·
	-			
TITLE NAME		☐ Delete	NAME	☐ Change ☐ Addition .
STREET ADDRESS			STREET ADORESS	:
CITY-ST-ZIP			CITY-ST-ZIP	
			-	
TITLE	-	☐ Delete	TITLE	Change Addition
NAME STREET LIBORERS			NAME	
STREET ADDRESS			STREET ADDRESS	}
CITY-ST-ZIP			CITY-SI-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME	•		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-S1-ZIP			CITY-ST-ZIP	
12. I hereby certify that	he information supplied	d with this filing does not qualify for t	he exemption stated	ed 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 gustee 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: COMMERCE RECEIVED 3.12-03				
Oldini, Olic.	SIGNATION AND TYPE	D OR PRINTED NAME OF CHOMICAGE COCO	PLD S/TT/NO	Date Deystrin Phone #