

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90177 042 ***150.00

DOCUMENT # **P93000008961**

1. Entity Name
LADY DESIGN, INC.



Principal Place of Business
**313 N MAIN ST
BLOUNTSTOWN FL 32424**

Mailing Address
**P.O. BOX 476
BLOUNTSTOWN FL 32424**



2. Principal Place of Business
21890 NE CR 69A
Suite, Apt. #, etc.

3. Mailing Address
PO Box 476
Suite, Apt. #, etc.
3

☒ CHECK HERE IF MAKING CHANGES

City & State
BLOUNTSTOWN FL
Zip
32424
Country
CALHOUN

City & State
BLOUNTSTOWN FL
Zip
32424
Country
CALHOUN

4. FEI Number **59-3177052**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, CAROL A MD
313 N MAIN ST 21890 NE CR 69A
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name
CAROL
Street Address (P.O. Box Number is Not Acceptable)
21890 NE CR 69A
City
BLOUNTSTOWN FL Zip Code
32424

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 **Carol A. Sutton**
Signature, typed or printed name of registered agent and title if applicable.

3-11-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, PHILLIP W 313 N MAIN ST. 21890 NE CR 69A BLOUNTSTOWN FL	<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

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: **Carol A. Sutton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 **850-674-4422**
Date Daytime Phone #

0600129 47

CR2E034 (10/02)