

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

0078479

**DOCUMENT # P95000037373**

1. Entity Name  
**DESIGNS BY DEBBIE INC.**

04-27-2001 90240 008 \*\*\*150.00

Principal Place of Business <b>BONNIS FLOWERS &amp; GIFTS          PALM BAY FL 32907          US</b>	Mailing Address <b>1465 GEORGIA ST NE          PALM BAY FL 32907          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>BONNIS FLOWERS &amp; GIFTS</b> Suite, Apt. #, etc. <b>Suite A</b>	3. Mailing Address <b>1465 GEORGIA ST. N.E.</b> Suite, Apt. #, etc. <b>Suite A</b>
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City & State <b>PALM BAY FL.</b>	City & State <b>PALM BAY FL.</b>	4. FEI Number <b>59-3309517</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32907</b> Country <b>BREVARD</b>	Zip <b>32907</b> Country <b>BREVARD</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ACEVEDO, DEBORAH L  
 1465 GEORGIA STREET, NE  
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent  
 Name **NA**  
 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.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ACEVEDO, DEBORAH L</b> <b>6200 OLD DIXIE HIGHWAY</b> <b>GRANT FL 32949</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ACEVEDO, VINCENT</b> <b>6200 OLD DIXIE HIGHWAY</b> <b>GRANT FL 32949</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah L Acevedo **Deborah L. Acevedo** 4/22/01 321-676-3633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)