Sent By: ACCOUNTING OFFICES; 1 954 964 5309; Apr-24

2000 ANNUAL BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State
06-03-2000 90144 013 ***150.00

C0100550

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000055780

Entity Name: WATERCOLOR DESIGNS BY STEPHANIE, INC

Principal Place of Business: 20 SE Quay St. Port St. Lucie, FL 34984

Mailing Address: 3220 SE Quay St. Port St. Lucie, FL 34984

Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: 65-0597207 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
Stephanie Pollack
3220 S.E. Quay Street
Port St. Lucie, FL 34984

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 agent is a corporation (NOTE: Registered Agent signature required when resigning) — DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	
P/S/D	Stephanie Pollack	3220 S.E. Quay Street	Port St. Lucie, FL 34984	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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. Further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report, or on an attachment with an exception, with all other fees paid.

SIGNATURE: X Stephanie Pollack — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — xx 4/27/2000 — Date — 561-878-6460 — Daytime Phone #

CR2E022 (6-99)