FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 041 ***150.00

DOCUMENT # P95000055780

1. Entity Name

WATERCOLOR DESIGNS BY STEPHANIE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3220 SE Quay Street	3220 SE Quay St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Saint Lucie, FL	City & State: Port Saint Lucie, FL
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

Name: Pollack, Stephanie

Street Address (P.O. Box Number is Not Acceptable): 3220 SE Quay Street

City: Port Saint Lucie **FL** Zip Code: 34984

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (if a corporation is acting as agent, must list a natural person)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See reverse) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** Added to Fee

11. OFFICERS AND DIRECTORS

TITLE PSD NAME STREET ADDRESS CITY-ST-ZIP	Pollack, Stephanie 3220 SE Quay Street Port Saint Lucie, FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 electronic 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 in an attachment with an address, with all other like empowered.

SIGNATURE: X Stephanie Pollack 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date