

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90071 018 ***150.00

DOCUMENT # P95000087466

1. Entity Name
EXQUISITE JEWELRY IMPORTS, INC.

Principal Place of Business 1170 3RD ST S UNIT E-104 NAPLES FL 34102 US	Mailing Address 1170 3RD ST S UNIT E-104 NAPLES FL 34101-7308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 7308 Suite, Apt. #, etc.
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City & State City & State NAPLES, FLORIDA	4. FEI Number 65-0621052
Zip 34101	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOURGEAU, DAVID C 600 5TH AVE S SUITE 207 NAPLES FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV RATHKOLB, GERALD P.O. BOX 447 ST. THOMAS, VIRGIN ISLANDS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP RATHKOLB, JENNIFER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD RATHKOLB, JENNEFER P.O. BOX 447 ST. THOMAS, VIRGIN ISLANDS 00804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP RATHKOLB, JENNIFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP RATHKOLB, BELINDA 3740 FIELDSTONE BLVD NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1701 COURTYARD WAY, #205 NAPLES, FLORIDA 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X/17 April 2000 DATE: X/17 April 2000 DAYTIME PHONE # _____

CR2E034 (9/99)