

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003274

1. Entity Name

L J C DESIGNER COLLECTION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90010 004 ***150.00

Principal Place of Business

Mailing Address

~~4300 S.W. 52ND ST.~~

~~4300 S.W. 52ND ST.~~

~~#412~~

~~#412~~

~~DAVIE FL 33314~~

~~DAVIE FL 33314-5527~~

2. Principal Place of Business

4600 SW 54TH TRL

3. Mailing Address

4600 SW 54TH TRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE, FL

4. FEI Number

65-0714836

Applied For

Not Applicable

Zip

33314-4543

Country

BROWARD

Zip

33314-4543

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBLISS, LORIE

4300 S.W. 52ND ST.

~~#412~~

~~DAVIE FL 33314~~

Name

Street Address (P.O. Box Number is Not Acceptable)

4600 SW 54TH TRL

City

DAVIE FL

FL

Zip Code

33314-4543

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

X

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. (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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CHAMBLISS, LORIE
4300 S.W. 52ND ST. #412
DAVIE FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4600 SW 54TH TRL
DAVIE, FL 33314-4543

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

L J C Designer Collection, Inc.

Date

Daytime Phone #

1/31/00

316-0303

CR2E034 (9/99)