

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90727 021 \*\*\*150.00

**DOCUMENT # P97000016044**

1. Entity Name  
**SERRA DESIGNS, INC.**



Principal Place of Business  
**4 SE 9TH AVENUE  
DEERFIELD BEACH FL 33441  
US**

Mailing Address  
**4 SE 9TH AVENUE  
180 SE 1ST AVE  
DEERFIELD BEACH FL 33441  
US**

2. Principal Place of Business  
**900 E. HILLSBORO BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**900 E. HILLSBORO BLVD**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**DEERFIELD BEACH, FL**  
Zip  
**33441**  
Country  
**USA**

City & State  
**DEERFIELD BEACH, FL**  
Zip  
**33441**  
Country  
**USA**

4. FEI Number **65-0731579**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SERRA, NANCY A  
4 SE 9TH AVENUE  
DEERFIELD BEACH FL 33441**

**7. Name and Address of New Registered Agent**

Name  
**NANCY ALBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 E. HILLSBORO BLVD**  
City  
**DEERFIELD BEACH FL** Zip Code  
**33441**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nancy Albert*

DATE  
**3/6/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SERRA, NANCY A</b>	
STREET ADDRESS	<b>211 NORTH COUNTRY CLUB BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>NANCY ALBERT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NANCY ALBERT</b>	
STREET ADDRESS	<b>900 E. HILLSBORO BLVD</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy Albert*

DATE  
**3/6/03** 954-698-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)