

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 012 ***150.00

DOCUMENT # P97000070361

1. Entity Name
BARBARA ONDO DESIGNS, INC.

Principal Place of Business 9309 OLD KINGS ROAD SOUTH, SUITE 2 JACKSONVILLE FL 32257-6199	Mailing Address 9309 OLD KINGS ROAD SOUTH, SUITE 2 JACKSONVILLE FL 32257-6199
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3465923		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MORRISON, BARBARA ONDO 10500 SAN JOSE BOULEVARD SUITE 28 JACKSONVILLE FL 32257				7. Name and Address of New Registered Agent			
				Name MORRISON, BARBARA ONDO			
				Street Address (P.O. Box Number is Not Acceptable) 9309 OLD KINGS ROAD SOUTH, SUITE 2			
				City JACKSONVILLE		FL	Zip Code 32257-6199

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. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <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	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISTON, BARBARA ONDO			NAME	MORRISON, BARBARA ONDO		
STREET ADDRESS	10500 SAN JOSE BLVD, STE 28			STREET ADDRESS	9309 OLD KINGS ROAD SOUTH, SUITE 2		
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP	JACKSONVILLE, FL 32257-6199		
TITLE	VPST	<input type="checkbox"/> Delete		TITLE	VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, R S			NAME	MORRISON, R. S.		
STREET ADDRESS	10500 SAN JOSE BLVD, STE 28			STREET ADDRESS	9309 OLD KINGS ROAD SOUTH, SUITE 2		
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP	JACKSONVILLE, FL 32257-6199		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Barbara Morrison* **BARBARA MORRISON, VP** 1/6/2000 904-448-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)