

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90509 009 ***150.00

DOCUMENT # P97000070361



1. Entity Name
BARBARA ONDO DESIGNS, INC.

Principal Place of Business
**5415 SAN JOSE BLVD
SUITE A
JACKSONVILLE FL 32207-7612**

Mailing Address
**5415 SAN JOSE BLVD
SUITE A
JACKSONVILLE FL 32207-7612**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3465923

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**MORRISON, BARBARA ONDO
9309 OLD KINGS ROAD SOUTH, SUITE 2
JACKSONVILLE FL 32257-6199**

Name
MORRISON, BARBARA ONDO

Street Address (P.O. Box Number is Not Acceptable)
4176 PRIMA VISTA CIRCLE NORTH

City **JACKSONVILLE** FL Zip Code **32217**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISTON, BARBARA ONDO 9309 OLD KINGS ROAD SOUTH, SUITE 2 JACKSONVILLE FL 32257-6199	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MORRISON, R S 9309 OLD KINGS ROAD SOUTH, SUITE 2 JACKSONVILLE FL 32257-6199	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	5415 SAN JOSE BLVD, SUITE A JACKSONVILLE, FL 32207-7612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE REQUIRED** Date: 1/16/03 Daytime Phone #: 904-448-0466

CR2E034 (10/02)