

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90220 035 ***150.00

0501001 AV

DOCUMENT # P97000088594

1. Entity Name
DAZZLING DESIGNS, INC.



Principal Place of Business
**1900 TAMiami TR N.
DBA JPS BELT'S N BAGS
NAPLES FL 34102**

Mailing Address
**1900 TAMiami TR N.
DBA JPS BELT'S N BAGS
NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0786298**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLAZA, BERTHA A
JP'S BELTS N BAGS
1900 TAMiami TR N.
PEMBROKE PINES FL 33028**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERTHA PLAZA 7575 BERKSHIRE PINES DRIVE NAPLES FL 34104 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Bertha Plaza* **SIGNATURE REQUIRED** **BERTHA A. PLAZA** **5/2/03** **239-403-9948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

80107816
P97000088594

5/2/03

TO WHOM IT MAY CONCERN,

I'M SORRY FOR FILING ONE DAY
LATE, BUT I'VE HAD A VERY
SLOW COUPLE OF MONTHS WITH
MY BUSINESS. IF YOU COULD
PLEASE WAIVE THE LATE FEE
I WOULD APPRICIATE IT VERY
MUCH. I NEEDED TO PAY THE
RENT IN THE MALL BY THE
1ST AND JUST WAS ABLE TO
PUT THE \$150.00 IN THE BANK
FOR THIS REPORT. I'VE NEVER
FILED LATE IN THE PAST.

THANK YOU,

Berthyn Plagon