

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90092 048 ***150.00

DOCUMENT # P98000027476



1. Entity Name
KIARA DESIGNS COMPANY

Principal Place of Business
5201 E CLY HWY 30A
PANAMA CITY FL 32413

Mailing Address
5399 E CLY HWY 30A
PMB108
SEAGROVE BEACH FL 32459

2. Principal Place of Business

110 LOGAN LANE

Suite, Apt. #, etc.

SUITE #3

City & State

GRAYTON BEACH, FL

Zip

32459

Country

USA

3. Mailing Address

5399 E CLY HWY 30A

Suite, Apt. #, etc.

PMB 108

City & State

SEAGROVE BEACH, FL

Zip

32459

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

REYNAFARJE, LOURDES V
2979 SOUTH COUNTY HIGHWAY 395
SANTA ROSA BEACH FL 32459

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 ☐ Delete
NAME REYNAFARJE, LOURDES V
STREET ADDRESS 2979 SOUTH COUNTY HIGHWAY 395
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03

Date

850-231-8844

Daytime Phone #

CR2E034 (10/02)