

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000035994**

1. Entity Name

DESIGNER'S TO YOU INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90100 050 ***150.00

Principal Place of Business 322B ROYAL POINCIANA WAY PALM BEACH FL 33480	Mailing Address 322B ROYAL POINCIANA WAY PALM BEACH FL 33480
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2. Principal Place of Business Suite, Apt. #, etc. 340 ROYAL POINCIANA WAY City & State SUITE 307 Zip Country	3. Mailing Address Suite, Apt. #, etc. 340 ROYAL POINCIANA WAY City & State SUITE 307 Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THORNHILL, THOMAS 878 SAGE AVENUE WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNHILL, THOMAS 878 SAGE AVENUE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 (561) 833-3363

CR2E034 (10/00)