

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED
FILED

DOCUMENT # **998000035994**

1. Entity Name

DESIGNERS TO YOU, INC.

02 AUG 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-08/22/02--01059--024

*****61.25 *****61.25

2. Principal Place of Business

340 ROYAL POINCIANA WAY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 307

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

4. FEI Number

650822664

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

LAURENCE M. LETORNEY

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

12409 NW 160th STREET

City

ORKEECHOBEE

FL

Zip Code

34972

**DO NOT WRITE
IN THIS SPACE**

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

Laurence M. Letorney

LAURENCE M. LETORNEY

8/14/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P, VP, SEC, TR
LAURENCE M. LETORNEY
12409 NW 160th STREET
ORKEECHOBEE, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurence M. Letorney

LAURENCE M. LETORNEY

8/14/02 (83)824-0314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

95 8/16/02