

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90172 039 ***150.00

DOCUMENT # P98000104012

1. Entity Name

ME TOO DESIGNS STUDIO, INCORPORATED

Principal Place of Business

**8614 ORETO DR.
 PORT RICHEY FL 34668**

Mailing Address

**8614 ORETO DR.
 PORT RICHEY FL 34668**

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

59-3548493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRASER, CHERYL L
 3703 ERIN BROOK DR.
 NEW PORT RICHEY FL 34652-2912**

*Address
 Change*

7. Name and Address of New Registered Agent

Name

FRASER, CHERYL L

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

6842 OLD DECUBELLIS CT

City

NEW PORT RICHEY

FL

Zip Code

34654

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

Cheryl L Fraser - address change only

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

(NOTE: Registered agent signature required when reinstating)

DATE

1-23-02

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, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **FRASER, CHERYL L**
 CITY-ST-ZIP **3703 ERIN BROOK DR.
 NEW PORT RICHEY FL 34655-2912**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **FRASER, NICOLE L**
 CITY-ST-ZIP **3703 ERIN BROOK DR.
 NEW PORT RICHEY FL 34655-2912**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **FRASER, DANIELLE J**
 CITY-ST-ZIP **3703 ERIN BROOK DR.
 NEW PORT RICHEY FL 34655-2912**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **FRASER, MICHAEL A**
 CITY-ST-ZIP **3703 ERIN BROOK DR.
 NEW PORT RICHEY FL 34655-2912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

Cheryl L Fraser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

727-841-9743

Daytime Phone #

CR2E034 (9/01)