

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90723 046 \*\*\*150.00

0582671 AV

**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  
**6842 OLD DECUBELLIS CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**6842 OLD DECUBELLIS CT**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**NEWPORT RICHEY FL**  
Zip  
**34654**  
Country  
**USA**

City & State  
**NEWPORT RICHEY FL**  
Zip  
**34654**  
Country  
**USA**

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  
6842 OLD DECUBELLIS CT  
NEWPORT RICHEY FL 34654**

7. Name and Address of New Registered Agent  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRASER, CHERYL L	
STREET ADDRESS	3703 ERIN BROOK DR.	
CITY-ST-ZIP	NEWPORT RICHEY FL 34655-2912	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRASER, NICOLE L	
STREET ADDRESS	3703 ERIN BROOK DR.	
CITY-ST-ZIP	NEWPORT RICHEY FL 34655-2912	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRASER, DANIELLE J	
STREET ADDRESS	3703 ERIN BROOK DR.	
CITY-ST-ZIP	NEWPORT RICHEY FL 34655-2912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRASER, MICHAEL A	
STREET ADDRESS	3703 ERIN BROOK DR.	
CITY-ST-ZIP	NEWPORT RICHEY FL 34655-2912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		(X address change)
STREET ADDRESS	6842 OLD DECUBELLIS CT	
CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		(X address change)
STREET ADDRESS	6842 OLD DECUBELLIS CT	
CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		(X address change)
STREET ADDRESS	6842 OLD DECUBELLIS CT	
CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		(X address change)
STREET ADDRESS	6842 OLD DECUBELLIS CT	
CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**FRASER, CHERYL L.**

**4-26-03**

**727 844-9944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)