

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90005 042 \*\*\*150.00

**DOCUMENT # P99000005381**

1. Entity Name

**SOUTH BEACH DESIGNS OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

245 16TH AVE. SOUTH EAST  
 ST. PETERSBURG FL 33705

245 16TH AVE. SOUTH EAST  
 ST. PETERSBURG FL 33701-5613

2. Principal Place of Business

245 16TH AVE SE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

FL

4. FEI Number

593551857

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

EICHER, M J

245 16TH AVE. SOUTH EAST  
 ST. PETERSBURG FL 33705

Name

N.A.

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHER, M J	NAME	
STREET ADDRESS	245 16TH AVE. SOUTH EAST	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	CITY-ST-ZIP	
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENDORE, KAREN A	NAME	
STREET ADDRESS	245 16TH AVE. SOUTH EAST	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 IIRs empowered.

SIGNATURE:

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

Date

Daytime Phone #