

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90105 032 \*\*\*150.00

**DOCUMENT # P99000005381**



1. Entity Name  
**SOUTH BEACH DESIGNS OF TAMPA BAY, INC.**

Principal Place of Business  
**245 16TH AVE. SOUTH EAST  
ST. PETERSBURG FL 33705**

Mailing Address  
**245 16TH AVE. SOUTH EAST  
ST. PETERSBURG FL 33705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES **BELOW ONLY**

City & State

City & State

4. FEI Number **59-3551857**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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  
333 22ND AVENUE SE  
ST. PETERSBURG FL 33705**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**  Delete  
NAME **EICHER, M J**  
STREET ADDRESS **245 16TH AVE. SOUTH EAST**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE  Change  Addition  
NAME **PRES-TREAS MULLENDORE, KAREN A.**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE **VS**  Delete  
NAME **MULLENDORE, KAREN A**  
STREET ADDRESS **245 16TH AVE. SOUTH EAST**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE  Change  Addition  
NAME **VS EICHER, JANE**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: **[Signature]** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-03 727 823 5940**  
Date Daytime Phone #

CR2E034 (10/02)