2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2001 8:00 am P99000024381 DOCUMENT # **Secretary of State** 1. Entity Name DESMARIE INC. 07-20-2001 90003 049 ***150.00 Principal Place of Business Mailing Address C/O RALPH BROWN C/O RALPH BROWN 10830 NORWOOD AVE. 10830 NORWOOD AVE. PORT RICHEY FL 34468 PORT RICHEY FL 34468 2. Principal Place of Business 3. Mailing Address Brown Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0915898 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RALPH D 10830 NORWOOD AVE. PORT RICHEY FL 34668 zi**39609** 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so: \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CR2E034 (5/01 BROWN, RALPH D NAME Ralph D. NAME 10830 NORWOOD AVE STREET ADDRESS & Barlington St. STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP 34609 VΡ TITLE Delete TITLE ☐ Change ☐ Addition BROWN, ANNE M NAME NAME STREET ADDRESS 10830 NORWOOD AVE STREET ADDRESS CITY-ST-ZIP PORT-RICHEY FL 34668 -CITY_ST_ZIP__ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 an bowered to execute this report as required by Chapter 687. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a

Date

Daytime Phone #



Desmarie, Inc. 13412 Barlington St. Spring Hill, Fl 34609

July 14, 2001

Dear Florida Dept. of Corporations:

I did not receive a request for filing earlier this year. I called in and spoke to Bryan. He instructed me to pay the original fee and attach a notice.

Thank you,

Ralph D. Brown