


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

06-23-2003 90056 006 ***150.00
07-14-2003 90171 034 ***400.00

DOCUMENT # P99000046831

1. Entity Name
KALEIDOSCOPE DESIGNS, INC.



Principal Place of Business
**455 ALT. 19 SOUTH-STE-98
PALM HARBOR FL 34683**

Mailing Address
**455 ALT. 19 SOUTH-STE. 98
PALM HARBOR FL 34683**

2. Principal Place of Business
1550 Virginia Ave

3. Mailing Address
1550 Virginia Ave

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34683 Country

4. FEI Number **59-3577634**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALDINO, SHARON
455 ALT. 19 SOUTH, STE. 98
PALM HARBOR FL 34683

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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BALDINO, SHARON		STREET ADDRESS		
CITY-ST-ZIP	455 ALT. 19 SOUTH, STE. 98		CITY-ST-ZIP		
	PALM HARBOR FL 34683				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sharon Baldino* **727-77-0344**

DATE _____ DAYTIME PHONE # _____

CR2034 (10/02)