## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000066492 DOCUMENT #

DESIGNS UNLIMITED INTERNATIONAL, INC.



May 01, 2003 8:00 am § Secretary of State **FILED** 

05-01-2003 90299 004 \*\*\*150.00

Principal Place of Business 1046 WHISPERING COVE CASSELBERRY FL 32707			1046	Mailing Address 1046 WHISPERING COVE CASSELBERRY FL 32707									
2. Principal Place of Business			3. Mai	3. Mailing Address						BOHN OBHIH QONG	01HO 8HH 0101	I LOLIT TEOL TOBL	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-3592277				pplied For ot Applicable	
Zip	. Country -			Zip - Cour			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7	. Name and A	ddress of New	Registered	Agent		
PICARD, HELENE 1046 WHISPERING COVE						Name Street Ad	ddress (P.O	). Box Number is	s Not Acceptab	ole)			
CASSELB	ERRY FL 32	2707										-	
· ·										FL	Zip Cod	e	
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. Electi	on Campaign F Fund Contribut	inancing		00 May Be d to Fees	
10.		OFFICERS	AND DIRECTO	L PRS	11.			ADDITIONS/CH	HANGES TO OF	FICERS AND	DIRECTOR	RS IN 11	
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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 as 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 appendixes, with all other like empowered.

**SIGNATURE:**