## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P99000094362 **DOCUMENT #** 1. Entity Name

DESIGNS, MY PLEASURE, INC.

**SIGNATURE:** 



**FILED** Apr 24, 2003 8:00 am Secretary of State
04-24-2003 90180 020 \*\*\*150.00

Daytime Phone #

Name and Address of Curron Registered Agent  To Country  Zip  Country  Z		18° 15'			CO WE THE				
Suite, Apt. # effc	Principal Place of Business 4674 AYLESFORD DRIVE		467	4674 AYLESFORD DRIVE		+ 140 (100 to 10) (10 to 10) (10 to 10)	<b>.</b> 1411 <b>61</b> 311 <b>18</b> 111 <b>10</b> 11 <b>1</b>	1 <b>21206</b> 31316	2111 <b>0</b> 1191 1 <b>0</b> 91
City & State  Country  Cou	2. Principal F	Place of Business	3. M	ailing Address					
City & State  Country  Cou					10.2		•		
SP-3644867   No. Applicable   St. Country   Zir   Country   S. Cortilicate of Status Desired   S8.75 Additional Fee Requisited   St. Teach Additional Country   S. Cortilicate of Status Desired   S8.75 Additional Fee Requisited   St. Teach Additional Country   S. Cortilicate of Status Desired   S8.75 Additional Fee Requisited   Number   Numbe	Suite, Apt.	: #, etc.	Su	ite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Registered Agent 7. Name and Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)    Display	City & Stat	te	Cit	City & State		→ 5953NU48N/ <del></del>		<u> </u>	
Name and Address of New Registered Agent	Zip	Coun	try Zip	)	Country	5. Certificate of Status Desir		3.75 Add	fitional
MILLER, MARY 8 4674 AYLESFORD DRIVE PALM HARBOR FL 34885  City FL Zip Code  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 private name of registered agent and title of codacate.  Incit Registered Agent signature required when ministring)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Added to Fees Add		6. Name and Ad	dress of Current Registe	ed Agent	- guarante	7. Name and Address of N		•	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	AMILED !	MARY R			Name	1			
PALM HARBOR FL 34685  City FL Zip Code  In the above named onlity submits this statement for the purpose of onanging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  GRNATURE  Signature, typed or overserow of registered agent and their dephesate.  In the Department of State of Florida Department of State of Roof Ray 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee wi				Street Address		(P.O. Box Number is Not Acceptable)			
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13. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignArture					City	,, , , , , , , , , , , , , , , , , , ,	FI	Zip Code	9
SIGNATURE   Signature, speal or protect name of registered agent and time if accriticative. (NOTE: Registered Agent speature secured when reinstating)   Part   Par	The above	e named entity submits	s this statement for the nur	nose of changing its	registered office or regis	tered agent or both in the State		ilior with	and accont
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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.	indicated	on this report of supp	lemental report is true and	accurate and that m	ny signature shall have th	a came legal effect so if mode una	dar nath-that I am a	n officer c	vr diractor
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