## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # P99000110061 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name DESIGNER'S ROW, INC. 08-08-2000 90010 020 \*\*\*150.00 Principal Place of Business Mailing Address 975 IMPERIAL GOLF COURSE BLVD., #111 975 IMPERIAL GOLF COURSE BLVD., #111 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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 GAVRILLES, CHRISTINA E Street Address (P.O. Box Number is Not Acceptable) 975 IMPERIAL GOLF COURSE BLVD., #111 NAPLES FL 34110 Zip Code 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \_\_ Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change ☐ Addition TITLE ☐ Delete TITLE GAVRILLES, CHRISTINA E NAME NAME STREET ADDRESS 975 IMPERIAL GOLF COURSE BLVD., #111 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

## Brigid D. Soldavini CPA; P.A.

5455 Jaeger Road Naples, FL 34109 OFFICE 941-591-4747 FAX 941-591-2991

July 13, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE Designer's Row, Inc.
Document #P99000110061

Dear Division of Corporations

Enclosed is Designer's Row, Inc's 2000 Uniform Business Report This is Designer's Row's first year in business. They did not receive the first copy of this business report. Therefore, they did not realize that this document needed to be filed. When they received the second notice; it was already past the filing date:

Therefore; we respectfully request that you waive the \$400 late filing fee. Enclosed is a check for \$150 and Designer's Row's completed business report. If you have any questions, please do not he sitate to call me at (941) 591-4747. Thank you for your help.

Sincerely

Cappy Turner

BRIGID D. SOLDAVINI CPA, P.A

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Enclosures