

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90101 003 ***150.00

DOCUMENT # S05653

1. Entity Name
SEQUINS & DENIM, INC.



Principal Place of Business
**6840 22 AVENUE NORTH
ST. PETERSBURG FL 33710
US**

Mailing Address
**6840 22 AVENUE NORTH
ST. PETERSBURG FL 33710
US**



2. Principal Place of Business

3. Mailing Address

670 Central Ave
Suite, Apt. #, etc.

670 Central
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg FL
Zip
33701 Pinellas

City & State
St Petersburg FL
Zip
33701 Pinellas

4. FEI Number **59-3033162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARNELL, SHIRLEY
6840 22 AVENUE NORTH
ST. PETERSBURG FL 33710

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

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. 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
STREET ADDRESS
CITY-ST-ZIP
PT
DARNELL, SHIRLEY M
6840 22 AVENUE NORTH
ST. PETERSBURG FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Shirley Darnell
670 Central Ave
St. Petersburg FL 33701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Shirley Darnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26 - 03 347
3291
Date Daytime Phone #

CR2E034 (10/02)