FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90030 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46344

1. Entity Name
IRENE'S UNLIMITED DESIGNS, INC.

Principal Place of Business	Mailing Address
P O BOX ~~4682~~ 151924 CAPE CORAL FL ~~33910-4682~~ 33915-1924	P O BOX ~~4682~~ 151924 CAPE CORAL FL ~~33910-4682~~ 33915-1924

2. Principal Place of Business	3. Mailing Address
PO Box 151924	PO Box 151924
Suite, Apt. #, etc. CAPE CORAL FL	Suite, Apt. #, etc.
City & State	City & State CAPE CORAL FL
Zip 33915-1924 Country USA	Zip 33915-1924 Country USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0257186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARANO, IRENE
618 S.E. 35TH ST.
CAPE CORAL FL 33904

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FARANO, IRENE	NAME	
STREET ADDRESS	618 S.E. 35TH ST.	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: Irene J. Farano 4-30-01 (941) 542-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IRENE J. FARANO, DIRECTOR Date Daytime Phone #