

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90045 001 \*\*\*150.00

**DOCUMENT # S76408**

1. Entity Name  
**DESIGNS FOR HARMONY, INC.**

Principal Place of Business

**763 CASSENA ROAD  
 NAPLES FL 34108  
 US**

Mailing Address

**763 CASSENA ROAD  
 NAPLES FL 34108  
 US**

00100000



2. Principal Place of Business

**1323 CHESAPEAKE AVE  
 Suite, Apt. #, etc.  
 2A**

3. Mailing Address

**1323 CHESAPEAKE AVE  
 Suite, Apt. #, etc.  
 2A**

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number **65-0338304**

Applied For  
 Not Applicable

Zip **34102** Country **USA**

Zip **34102** Country **US**

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

6. Name and Address of Current Registered Agent

**CROSS, PEGGY  
 763 CASSENA ROAD  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1323 CHESAPEAKE AVE - 2A**  
 City **NAPLES FL** Zip Code **34102**

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 *Peggy Cross* 4/24/02  
 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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **CROSS, PEGGY**  
 STREET ADDRESS **763 CASSENA RD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1323 CHESAPEAKE AVE - 2A**  
 CITY-ST-ZIP **Naples FL 34102**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: *Peggy Cross* 4/24/02 941 514 7738  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)