

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56136

1. Entity Name

DESIGNS BY MEMORIE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90176 046 ***150.00

Principal Place of Business

1120 N ATLANTIC DR
STE. #2
LANTANA FL 33462
US

Mailing Address

1120 N ATLANTIC DR
STE. #2
LANTANA FL 33462-1934
US

2. Principal Place of Business

201 E PALMETTO PARK RD
Suite, Apt. #, etc.

3. Mailing Address

201 E PALMETTO PARK RD
Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA

Zip
33432

Country
U.S.A.

City & State
BOCA RATON, FLORIDA

Zip
33432

Country
U.S.A.

4. FEI Number - 65-0349701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADSWORTH, MEMORIE
1120 N ATLANTIC DR
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name
MEMORIE WADSWORTH

Street Address (P.O. Box Number is Not Acceptable)

201 E PALMETTO PARK RD

City
BOCA RATON,

FL

Zip Code
33432

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

Memorie Wadsworth

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, MEMORIE 201 E. PALMETTO PARK RD. BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, ALBERT 201 E. PALMETTO PARK RD. BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00

Date

561-394-4990

Daytime Phone #

CR2E034 (9/99)