## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # H97044** 1. Entity Name LINDA'S DESIGN, INC. 04-12-2001 90003 010 \*\*\*158.75 Principal Place of Business Mailing Address 853 E: COMMERCIAL BLVD:--- 853 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33334-3241 FT LAUDERDALE FL 33334-3241 2. Principal Place of Business 3. Mailing Address 861 ECOMMERCIAL BLUD 861 E COMMERCIAL BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2642153 Not Applicable Country\* \*\*\*\*\* Zip 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 PARRISH, RICHARD Street Address (P.O. Box Number is Not Acceptable) -853 E. COMMRCIAL BLVD FT LAUDERDALE FL 33334 Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE MOORE, RICHARD NAME NAME 861 E COMMERCIAL STREET ADDRESS 853 EAST COMMERCIAL BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334-3241 ☐ Delete TITLE TITLE NAME PARRISH, RICHARD NAME 861 E commbracian 853 EAST COMMERCIAL BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334-3241 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TIT! F 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 ☐ Delete TITLE TITLE 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 it 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.