

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108776

1. Entity Name

MAIN STREET DESIGN ASSOCIATES, CO.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90102 044 ***150.00

Principal Place of Business

Mailing Address

3923 BUTTERCUP CIR. N.
PALM BCH GARDENS FL 33410

3923 BUTTERCUP CIR. N.
PALM BCH GARDENS FL 33410-5664

2. Principal Place of Business

526 TEAK DRIVE

3. Mailing Address

526 TEAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE PARK FL.

City & State
LAKE PARK FL.

4. FEI Number 65-0807594

Applied For
Not Applicable

Zip
33403

Country
WPB

Zip
33403

Country
WPB

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

FAULKNER, RAYMOND
3923 BUTTERCUP CIR N.
PALM BCH GARDENS FL 33410

Name
RAYMOND FAULKNER

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

526 TEAK DRIVE

City
LAKE PARK

FL

Zip Code
33403

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
RAYMOND FAULKNER

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

DATE
4/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OP
FAULKNER, RAY
526 TEAK DRIVE
LAKE PARK FL 33403 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: RAY FAULKNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

561-848-4375

Daytime Phone #

CR2E034 (9/99)