

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001026

1. Entity Name
ORIENTAL DESIGNS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90042 024 ***150.00

Principal Place of Business
2326 PINE RIDGE ROAD
NAPLES FL 34109

Mailing Address
2326 PINE RIDGE ROAD
NAPLES FL 34109-2003

2. Principal Place of Business
2326 PINE RIDGE RD
Suite, Apt. #, etc.

3. Mailing Address
2326 PINE RIDGE RD
Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA
Zip
34109
Country
USA

City & State
NAPLES, FLORIDA
Zip
34109
Country
USA

4. FEI Number 65-0769577
Applied For
Not Applicable

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

VIRGINIA WATKINS-NEWSOME
15283 BAHIA LANE
FT. MYERS FL 33908

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

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATKINS-NEWSOME, VIRGINIA		NAME		
STREET ADDRESS	15283 BAHIA LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWSOME, RONALD J		NAME		
STREET ADDRESS	15283 BAHIA LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: Ronald J. Newsome **REQUIRED** RONALD J. NEWSOME 01/29/00 941/435/7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)