

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000073129**

07-13-2000 90267 019 \*\*\*150.00  
P99000073129

1. Entity Name  
**DESIGNERS CAD SERVICE, INC.**

**FILED**

**00 OCT 27 PM 3: 25**

**SECRETARY OF STATE**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309

Mailing Address  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309

2. Principal Place of Business  
**5620 NW 12th AVENUE**

3. Mailing Address  
**SAME**

City & State  
**FT LAUDERDALE, FL**

Zip  
**33309**

Country  
**BROWARD**

City & State

Zip

Country

4. FEI Number  
**15-094-2441**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRAIG, DEBORAH A  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
Name  
**DEBORAH A CRAIG**  
Street Address (P.O. Box Number is Not Acceptable)  
**5620 NW 12th AVENUE**  
City  
**FT LAUDERDALE** FL Zip Code  
**33309**

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 *Deborah A. Craig* *Deborah A. Craig* *7/10/00*  
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.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PRESIDENT DEBORAH A. CRAIG 5620 NW 12th AVENUE FT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JAMES H. CRAIG 5620 NW 12th AVENUE FT LAUDERDALE, FL 33309</b> <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 REQUIRED** *Deborah A. Craig* *10/23/00* *(954)776-3380*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #