

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073129

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

Principal Place of Business Mailing Address  
**5620 N.W. 12TH AVENUE 5620 N.W. 12TH AVENUE**  
**FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90343 001 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0942441** 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**  
**5620 N.W. 12TH AVENUE**  
**FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
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 *Deborah A. Craig*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/30/01*

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, 2001 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **CRAIG, DEBORAH A**  
CITY-ST-ZIP **5620 N.W. 12TH AVENUE**  
**FT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **CRAIG, JAMES H**  
CITY-ST-ZIP **5620 N.W. 12TH AVENUE**  
**FT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Deborah A. Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/01 (954) 776-3380*  
Date Daytime Phone #

02/9/06

CR2E034 (10/00)