

2001 UNIFORM BUSINESS REPORT-(UBR)

4/27/

FILED

May 18, 2001 8:00 am
Secretary of State

04-27-2001 90339 002 ***150.00

DOCUMENT # P99000083745

1. Entity Name

DAVID ROWELL DESIGN CO.

Principal Place of Business

**233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695**

Mailing Address

**233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695**

2. Principal Place of Business

205 15th AVE NE

Suite, Apt. #, etc.

3. Mailing Address

205 15th AVE NE

Suite, Apt. #, etc.

City & State

ST Petersburg, FL

Zip

33704

Country

P

City & State

ST Petersburg, FL

Zip

33704

Country

P

4. FEI Number

59-3604432

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROWELL, DAVID E
233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name

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

205 15th AVE N.E.

City

ST Petersburg

Zip Code

33704

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/23/01

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	P	☐ Delete
NAME	ROWELL, DAVID	
STREET ADDRESS	233 2ND ST S.	
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	☐ Delete
NAME	ROWELL, BARBARA	
STREET ADDRESS	233 2ND ST S.	
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	205 15th AVE. N.E.	
STREET ADDRESS	ST PETERSBURG, FL	
CITY-STATE-ZIP	33704	
TITLE		☒ Change ☐ Addition
NAME	205 15th AVE NE	
STREET ADDRESS	ST Petersburg, FL	
CITY-STATE-ZIP	33704	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: (on Phone)

5/12/01

CR2E034 (10/00)