2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90317 008 ***150.00

DOCUMENT # M79304

1. Entity Name
A DESIGN PLACE OF ORMOND BEACH, INC.

Principal Place of Business	Mailing Address
~~605 1/2 S. YONGE STREET~~	~~605 1/2 S. YONGE STREET~~
ORMOND BEACH FL 32174	ORMOND BEACH FL 32174
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
146 N. Nova Rd.	146 N. Nova Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach Fl	City & State: Ormond Beach Fl.
Zip: 32174 Country: US	Zip: 32174 Country: US

4. FEI Number 59-2886231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICK, PATRICIA L
230 HIDDEN HILLS
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: Nancy C Trueblood
Street Address (P.O. Box Number is Not Acceptable): 1115 Flomich Ave.
City: Holly Hill FL Zip Code: 32117

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: Nancy C Trueblood NANCY C TRUEBLOOD 4-18-01
Signature, typed or printed name of registered agent and date (required). (NOTE: Registered Agent's signature required when reinstated.) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ST DICK, PATRICIA L 230 HIDDEN HILL ORMOND BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~ST PRES.~~ TRUEBLOOD, NANCY C 1115 FLOMICH AVE HOLLY HILL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~V~~ LISICKI, SUSAN M 576 RIDGEWOOD AVE N ORMOND BEACH FL 32174 X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete: Lisicki, Susan M ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Patricia L. Dick - PATRICIA L DICK - 4/18/01 386-673-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #