

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404918

1. Entity Name

DESIGN & ADMINISTRATION CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 017 ***150.00

Principal Place of Business

990 LAMBERT AVE
FLAGLER BCH FL 32136
US

Mailing Address

P O BOX 159
FLAGLER BCH FL 32136-0159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1407654

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

ZESKIND, SHIRLEY
990 LAMBERT AVE
FLAGLER BCH FL 32136

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

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.
(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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	ZESKIND, SHIRLEY	990 LAMBERT AVE	FLAGLER BCH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	ZESKIND, STANLEY	990 LAMBERT AVE	FLAGLER BCH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	ZESKIND, PHILIP	4860 S. HILL VIEW	CHARLOTTE NC 28210	<input type="checkbox"/> Delete			4860 SOUTH HILL VIEW DRIVE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	ZESKIND, LEONARD	4051 BROADWAY #3 -C/O CONNEALY	KANSAS CITY MO 64111	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SHIRLEY ZESKIND
Shirley Zeskind, Pres.

Date

1/8/2000

Daytime Phone #

904-517-2554

CR2E034 (9/99)