

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90183 003 ***150.00

DOCUMENT # 404918

1. Entity Name
DESIGN & ADMINISTRATION CORPORATION



Principal Place of Business
**990 LAMBERT AVE
FLAGLER BCH FL 32136
US**

Mailing Address
**P O BOX 159
FLAGLER BCH FL 32136
US**



2. Principal Place of Business
300 S. CENTRAL AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

City & State

FLAGLER BEACH

Zip

Country

Zip

Country

FL

USA

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ZESKIND, SHIRLEY
990 LAMBERT AVE
FLAGLER BCH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
ZESKIND, STANLEY
990 LAMBERT AVE
FLAGLER BCH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
ZESKIND, PHILIP
4860 SOUTH HILL VIEW DRIVE
CHARLOTTE NC 28210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
ZESKIND, LEONARD
4051 BROADWAY #3 -C/O CONNEALY
KANSAS CITY MO 64111**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **SHIRLEY ZESKIND PRES.**
SHIRLEY ZESKIND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 386-577-2534
Date Daytime Phone #

CR2E034 (10/02)