

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579491

1. Entity Name
U.S. DESIGN GROUP, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90907 030 ***150.00

Principal Place of Business

Mailing Address

800 GATEPARK DRIVE
DAYTONA BEACH FL 32114

800 GATEPARK DRIVE
DAYTONA BEACH FL 32114-5896

2. Principal Place of Business

3. Mailing Address

PO Box 731208

PO Box 731208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32173

Country
Volusia

Zip
32173

Country
Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838148

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

NICHOLS, KENNETH E.
800 GATE PARK DRIVE
DAYTONA BEACH FL 32014

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
P
NICHOLS, KENNETH E
3 STAGPEN LOOK
ORMOND BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NICHOLS, CYNTHIA E
3 STAGDEN LOOK
ORMOND BEACH FL

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

904 831-4261

Daytime Phone #

CR2E034 (9/99)