

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90308 001 ***150.00

037049

DOCUMENT # G46149

1. Entity Name

DESIGNWISE BUILDING CONTRACTORS, INC.

Principal Place of Business

% RICHARD OREMLAND
 2116 SUNNYDALE BLVD., SUITE 10-12
 CLEARWATER FL 33765
 US

Mailing Address

% RICHARD OREMLAND
 2116 SUNNYDALE BLVD., SUITE 10-12
 CLEARWATER FL 33765
 US

040400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27 HICKORY LANE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 411
 Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

SAFETY HARBOR, FL

Zip

34695

Country

USA

Zip

34695-0411

Country

USA

4. FEI Number **59-2370439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OREMLAND, RICHARD
 2116 SUNNYDALE BLVD., SUITE 10-12
 CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name **RICHARD OREMLAND**
 Street Address (P.O. Box Number is Not Acceptable)
27 HICKORY LANE
 City **SAFETY HARBOR** FL Zip Code **34695**

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

Richard Oremland

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

March 31, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD OREMLAND, RICHARD 27 HICKORY LANE SAFETY HARBOR FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OREMLAND, RHEA 27 HICKORY LANE SAFETY HARBOE FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Richard Oremland
RICHARD OREMLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17, 2001

Date

727-423-9632

Daytime Phone #

CR2E034 (10/00)