

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90050 036 \*\*\*150.00

**DOCUMENT # J15151**

1. Entity Name  
**EUREKA DESIGN, INC.**

Principal Place of Business

**8411 MURRAY CT  
 SANFORD FL 32771  
 US**

Mailing Address

**P.O. BOX 950575  
 LAKE MARY FL 32795-7595**

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 **59-2693479**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WILLIAMS, J. LOREN  
 8411 MURRAY CT  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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	PD WILLIAMS, J. LOREN 8411 MURRAY CT SANFORD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAHANY, DEBORAH A. 8411 MURRAY CT SANFORD FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/02 407.323.1215**  
 Date Daytime Phone #

CR2E034 (4/02)



Eureka Design, Inc.

Attachment  
R#J10151  
B01289627

07/08/02

THE UNAGENCY™

## 2002 URB Report

P.O. Box 950575

To whom it may concern-

Lake Mary, FL 32795

I received this report, well past the May 1 deadline for filing. For whatever reason, this was the first notice I received this year regarding the annual filing fee for corporations.

407-323-1215

I called and spoke with Rob Brown, who directed me to write this letter in explanation, and to pay only the \$150.00, minus the \$400.00 penalty for late filing. Please accept this receipt of filing, and waive and abate the penalty. I have always tried to remain compliant in the 16 years of my business. Thank you for your attention to this matter.

FAX: 407-330-2622

eureka@unagency.net

since 1986

Sincerely,