

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90284 012 ***150.00

00011639



DO NOT WRITE IN THIS SPACE

DOCUMENT # J48703

1. Entity Name
DESIGN MANAGEMENT, INC.

Principal Place of Business

10031 OAKS LANE
 SEMINOLE FL 33772

Mailing Address

10031 OAKS LANE
 SEMINOLE FL 33772

2. Principal Place of Business

7830 OLIVER RD

Suite, Apt. #, etc.

3. Mailing Address

7830 OLIVER RD.

Suite, Apt. #, etc.

City & State
LARGO FL

Zip
33777 Country
PINELLAS

City & State
LARGO FL

Zip
33777 Country
PINELLAS

4. FEI Number **59-2762368**

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

DICKEY, WILLIAM
2310 W. BAY DRIVE
LARGO FL 34640

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
PETRISKO, ROBERT G.
10031 OAKS LANE
SEMINOLE FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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SEMINOLE FL ☐ Delete

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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

Date

Daytime Phone #

ROBERT G. PETRISKO

1-24-01

727 541-6600

CR2E034 (10/00)