

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90062 037 ***150.00

DOCUMENT # L21344

1. Entity Name

DESIGNER KITCHENS & BATHS, INC.

Principal Place of Business

2102 E OAKLAND PK BLVD

FT LAUDERDALE FL 33306

US

Mailing Address

2102 E OAKLAND PK BLVD

FT LAUDERDALE FL 33306

US

B0026464



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

65-0150442

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

POOLE, CHARLES

2102 E OAKLAND PARK BLVD

FORT LAUDERDALE FL 33306

Name

MICHAEL N. SPRING

Street Address (P.O. Box Number is Not Acceptable)

1915 N 54 AVE

City

HOLLYWOOD

FL

Zip Code

33021

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 file if applicable.

MICHAEL N. SPRING

(NOTE: Registered Agent signature required when reinstating)

1-30-02

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, 2002 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

DPT
POOLE, CHARLES
4321 NE 28TH AVE
FT LAUDERDALE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVS
SPRING, MICHAEL N
HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1915 N. 54 AVE

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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 another like empowered.

SIGNATURE:

MICHAEL N. SPRING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

Date

954-565-3473

Daytime Phone #

CR2E034 (9/01)