

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90202 003 ***150.00

DOCUMENT # L30941

1. Entity Name

DESIGN IMPRESSIONS, INC.

Principal Place of Business

6421 CONGRESS AVE
AMTEC CENTER- SUITE 100
BOCA RATON FL 33487
US

Mailing Address

6421 CONGRESS AVE
AMTEC CENTER- SUITE 100
BOCA RATON FL 33487-2812
US

00011740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 CLINT MOORE RD #100
Suite, Apt. #, etc.
#100

3. Mailing Address

1001 CLINT MOORE RD
Suite, Apt. #, etc.
#100

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0171585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOYNER, PAMELA
6421 CONGRESS AVE
AMTEC CENTER - SUITE 100
BOCA RATON FL 33487

→ SAME
NEW
ADDRESS

Name

JOYNER, PAMELA

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

**1001 CLINT MOORE RD
#100**

City

BOCA RATON, FL

State

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

X 1/17/00

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOYNER, PAMELA**
CITY-ST-ZIP **6421 CONGRESS AVE AMTEC CENTER, STE 100
BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1001 CLINT MOORE RD #100**
CITY-ST-ZIP **BOCA RATON, FL**

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela Joyner

01-17-00 (561) 989-9338