

# 2002 UNIFORM BUSINESS REPORT (UBR)

# AMENDED

DOCUMENT # L30941

1. Entity Name  
DESIGN IMPRESSIONS, INC.

FILED

02 JUN 14 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1001 CLINT MOORE RD  
#100  
BOCA RATON FL 33487  
US

Mailing Address  
1001 CLINT MOORE RD  
#100  
BOCA RATON FL 33487  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0171585  
Applied For  
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
JOYNER, PAMELA  
1001 CLINT MOORE RD  
#100  
BOCA RATON FL 33487

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.

SIGNATURE \_\_\_\_\_ (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)

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>JOYNER, PAMELA<br>1001 CLINT MOORE RD #100<br>BOCA RATON FL <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Additi   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>ZARINS, ANDREA<br>1001 CLINT MOORE RD., #100<br>BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | VD<br>CORNELL, LISA M.<br>1001 CLINT MOORE RD. #100<br>BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 700005912174 <input type="checkbox"/> Change <input type="checkbox"/> Additi<br>-06/21/02--01077--019<br>*****61.25 *****61.25                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 700005912174 <input type="checkbox"/> Change <input type="checkbox"/> Additi<br>-06/21/02--01077--019<br>*****61.25 *****61.25                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Additi   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Additi   |

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 supplement 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ 6/13/02 519890338