

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
 01-18-2000 90133 026 \*\*\*150.00

**DOCUMENT # L61649**

**1. Entity Name**  
**DESIGNER FIXTURE COATINGS, INC.**

**601475**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**      **Mailing Address**  
 % DONALD SPENCE      % DONALD SPENCE  
 2250 N.E. 62 CT      5100 DUPONT BLVD #3N  
 FT LAUDERDALE FL 33308      FT LAUDERDALE FL 33308-4335

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Zip      Country      Country

*2250 N.E. 62 CT.*  
*FORT LAUDERDALE*  
*FLORIDA*  
*33308*      *FL*      *USA*

**4. FEI Number**      **65-0186752**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SPENCE, DONALD  
 2250 N.E. 62 CT  
 FT LAUDERDALE FL 33308

**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**      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.**      ☐      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPENCE, DONALD</b>		NAME		
STREET ADDRESS	<b>2250 N.E. 62 CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.**

**SIGNATURE:**      *[Signature]*      **REQUIRED PRES.**      **1-10-2000**      **1-954-7712829**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)