

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90317 008 ***150.00

DOCUMENT # **M79304**

1. Entity Name
A DESIGN PLACE OF ORMOND BEACH, INC.

Principal Place of Business
~~605 1/2 S. YONCE STREET~~
ORMOND BEACH FL 32174
US

Mailing Address
~~605 1/2 S. YONCE STREET~~
ORMOND BEACH FL 32174
US

2. Principal Place of Business
146 N. NOVA Rd.
 Suite, Apt. #, etc.

3. Mailing Address
146 N. NOVA Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORmond Beach FL
 Zip
32174
 Country
us

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ORmond Beach FL
 Zip
32174
 Country
us

4. FE Number **59-2886231**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DICK, PATRICIA L
230 HIDDEN HILLS
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name **NANCY C Trueblood**
 Street Address (P.O. Box Number is Not Acceptable)
1115 Flomich Ave.
 City **Holly Hill** FL Zip Code **32117**

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 *Nancy C Trueblood* **NANCY C TRUEBLOOD** **4-18-01**
Signature typed or printed name of registered agent and the if applicable, (b)(2)(B) Registered Agent's signature required when handwritten (b)(2)(C)

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 \$850.00
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 NAME STREET ADDRESS CITY-ST-ZIP	R ST DICK, PATRICIA L 230 HIDDEN HILL ORMOND BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRES. TRUEBLOOD, NANCY C 1115 FLOMICH AVE HOLLY HILL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISICKI, SUSAN M 576 RIDGEWOOD AVE N ORMOND BEACH FL 32174 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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)(f), 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: *Patricia L. Dick* - **PATRICIA L. Dick** - **4/18/01** **386-673-8018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (10/00)