

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90975 033 ****61.25

DOCUMENT # N97000002090

1. Entity Name
INSTALLATION DESIGN, INC. VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION



Principal Place of Business

**2505 BAY DRIVE
POMPANO FL 33062**

Mailing Address

**2505 BAY DRIVE
POMPANO FL 33062**

2. Principal Place of Business

1302 HARNESS HORSE LN

3. Mailing Address

16765 FISHHAWK BLVD

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#323

City & State

BRANDON, FL.

City & State

LITHIA, FL

Zip

33511-0000

Country

USA

Zip

33547-3860

Country

USA

4. FEI Number **65-0533494**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KEMPF, KATHRYN
2505 BAY DRIVE
POMPANO FL 33062**

7. Name and Address of New Registered Agent

Name

KEMPF, KATHRYN

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

1302 HARNESS HORSE LN.

#103

City

BRANDON

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathryn M. Kempf

KATHRYN M. KEMPF

4/25/2003

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PAULISH, ROBERT	
STREET ADDRESS	2505 BAY DRIVE	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARNOTA, ROBERT	
STREET ADDRESS	2505 BAY DRIVE	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMPF, KATHRYN	
STREET ADDRESS	2505 BAY DRIVE	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULISH, ROBERT	
STREET ADDRESS	1302 HARNESS HORSE LN. #103	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARNOTA, ROBERT	
STREET ADDRESS	1302 HARNESS HORSE LN. #103	
CITY-ST-ZIP	BRANDON, FL. 33511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPF, KATHRYN	
STREET ADDRESS	1302 HARNESS HORSE LN. #103	
CITY-ST-ZIP	BRANDON, FL. 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn M. Kempf* **KATHRYN M. KEMPF** **4/25/2003** (813) 661-5613

CR2E037 (10/02)