FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jul 05, 2001 8:00 am DOCUMENT # P0000017139 Secretary of State 1. Entity Name 07-05-2001 90009 045 ***150.00 DETAILS AND DESIGNS CREATIVE SERVICES, INC. Principal Place of Business Mailing Address 3987 MACEACHEN BLVD., #115 3987 MACEACHEN BLVD.. #115 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0982416 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) **5777 BENEVA ROAD SOUTH** SARASOTA FL 34233 Zip Code FL .B. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 7: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE TITLE D, Pres, UP SOUS Tres. ☐ Delete Addition FAHEY, ROBERT NAME 3987 MACEACHEN BLVD., #115 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 foort 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 flustee 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 ap address, with all other like empowered.

OFFICER OR DIRECTOR



June 22, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

The enclosed Uniform Business Report was delivered June 15, 2001, to my home.

Apparently, the Post Office was unable to deliver it originally, as the corporate name does not appear on my mailbox. Fortunately, the UBR was individually delivered to another business with a similar name, who took the time and effort to track me down.

I respectfully request you abate the late filing penalty, as I did not receive the Form timely. Please find enclosed my check in the amount of \$150.00 for the normal renewal fee.

Thank you in advance for your kind consideration.

Sincerely,

Robert Fahe

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