

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017139

1. Entity Name

DETAILS AND DESIGNS CREATIVE SERVICES, INC.

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90050 039 \*\*\*150.00

0518482  
AV

Principal Place of Business  
3987 MACEACHEN BLVD., #115  
SARASOTA FL 34233

Mailing Address  
3987 MACEACHEN BLVD., #115  
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

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

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

City & State

4. FEI Number 65-0982416  
Applied For  
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 PVDS  
NAME FAHEY, ROBERT  
STREET ADDRESS 3987 MACEACHEN BLVD., #115  
CITY-ST-ZIP SARASOTA FL 34233

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)