

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90187 025 \*\*\*158.75

**DOCUMENT # P00000027273**

1. Entity Name

**DESIGNER SOCIETY, INC.**

Principal Place of Business

Mailing Address

345 SANDPIPER RIDGE DR.  
ORLANDO FL 32835345 SANDPIPER RIDGE DR.  
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3535 Walker Rd

P.O. Box 560414

City &amp; State

City &amp; State

Apopka, FL

Montverde, FL

Zip

Country

Zip

Country

32703

Orange

34756

Lake

4. FEI Number

59-3707100

Applied For

Not Applicable

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

RODRIGUEZ, SILVIA A  
 345 SANDPIPER RIDGE DR.  
 ORLANDO FL 32835

Name

Silvia A. Rodriguez

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

3535 Walker Road

City

Apopka

FL

Zip Code

32703

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, 2001 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 C.E.O. ☐ Delete  
 NAME Silvia A. Rodriguez  
 STREET ADDRESS 3535 Walker Rd.  
 CITY-ST-ZIP Apopka, FL 32703

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 CO-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

(407) 376-3552

Day

Daytime Phone #

CR2E034 (10/00)