

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000064041**1. Entity Name
XY DESIGN, INC.**Principal Place of Business**

4757 OLIVE BRANCH ROAD #1409

ORLANDO
32811

FL

Mailing Address

4757 OLIVE BRANCH ROAD #1409

ORLANDO
32811

FL

2. Principal Place of Business
4745 OLIVE BRANCH ROAD**3. Mailing Address**
4745 OLIVE BRANCH ROADSuite, Apt. #, etc.
1107

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

FL

City & State
ORLANDO

FL

4. FEI Number
59-3658263

Applied For

Not Applicable

Zip
32811**Country****Zip**
32811**Country****5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SCHULTZ PAUL
4757 OLIVE BRANCH ROAD #1409ORLANDO
32811

FL

7. Name and Address of New Registered Agent**Name**

SCHULTZ PAUL

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

4745 OLIVE BRANCH ROAD

1107**City**
ORLANDO

FL

Zip Code
32811**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** _____ **04/30/2001**

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****TITLE**
D ☐ Delete
NAME
SCHULTZ PAUL
STREET ADDRESS
4757 OLIVE BRANCH ROAD #1409
CITY-ST-ZIP
ORLANDO FL 32811**TITLE**
D ☐ Delete
NAME
NORMAN DAVID II
STREET ADDRESS
4757 OLIVE BRANCH ROAD #1409
CITY-ST-ZIP
ORLANDO FL 32811**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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
D ☒ Change ☐ Addition
NAME
SCHULTZ PAUL
STREET ADDRESS
4745 OLIVE BRANCH ROAD #1107
CITY-ST-ZIP
ORLANDO FL 32811**TITLE**
D ☒ Change ☐ Addition
NAME
NORMAN DAVID II
STREET ADDRESS
619 NEWPORT AVE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701**TITLE**
☐ Change ☐ Addition
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
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:** Paul Schultz

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)