

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064073

1. Entity Name
DESIGNS ON CONCRETE, INC.

Principal Place of Business Mailing Address
2740 N.W. 55TH COURT 2740 N.W. 55TH COURT
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

HAMILTON, MELISSA A
2740 N.W. 55TH COURT
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 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 PD
NAME WILLIAMS, JAMES J
STREET ADDRESS 2740 N.W. 55TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE TD
NAME BRODE, BELINDA
STREET ADDRESS 2740 N.W. 55TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE SD
NAME HAMILTON, MELISSA A
STREET ADDRESS 2740 N.W. 55TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Melissa A Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 954-553-4370
Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90090 037 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026428 Applied For Not Applicable

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

0251060

CR2E034 (10/00)