

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
 02-02-2001 90266 001 ***150.00

DOCUMENT # P00000064165

1. Entity Name
PAVILLION DESIGNS, INC.

Principal Place of Business

1533 E. BROOK DR.
 SARASOTA FL 34231

Mailing Address

1533 E. BROOK DR.
 SARASOTA FL 34231

912571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1533 Eastbrook Drive

3. Mailing Address

1533 Eastbrook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

FE Number

65-1022276

Applied For

Not Applicable

Zip

Country

34231 USA

Zip

Country

34231 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SZAKACS, MAUREEN
 1533 E. BROOK DR.
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Maureen Szakacs**

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

Correction → 1533 Eastbrook Drive

City **Sarasota** FL **34231**

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 **M. Szakacs - M. Szakacs**

1-24-01

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 **PD** ☐ Delete
 NAME **SZAKACS, PETER**
 STREET ADDRESS **1533 E. BROOK DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TD** ☐ Delete
 NAME **SEAKACS, MAUREEN**
 STREET ADDRESS **1533 E. BROOK DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

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 **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **1533 Eastbrook Drive**
 CITY-ST-ZIP **Same**

TITLE **Same** ☒ Change ☐ Addition
 NAME **Szakacs, Maureen**
 STREET ADDRESS **1533 Eastbrook Drive**
 CITY-ST-ZIP **Same**

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: **M. Szakacs - M. Szakacs**

1-24-01

941-926-8143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)