

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000075797**

1. Entity Name

CONSIGN DESIGN & MORE, INC.**FILED**
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90001 014 ***150.00

0602131

Principal Place of Business

**1748 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

Mailing Address

**1748 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952****C0072037**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-103757P

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORCORAN, ALBINA J
1748 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

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

ALBINA J CORCORAN PRES/TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/019. 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 **PT** ☐ Delete
NAME **CORCORAN, ALBINA J**
STREET ADDRESS **1512 CORALBEAH COURT**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE **VD** ☒ Delete
NAME **CORCORAN, ROBERT J**
STREET ADDRESS **1512 CORALBEAH COURT**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/01**561-337-7022**

CR2E034 (10/00)

Attachment Doc # P00000075797
C0078037

June 15, 2001

TO: Florida Dept of State

FROM: Consign Design & More, Inc.
1748 S. E. Port St Lucie Blvd
Port St Lucie, FL 34952

RE: Uniform Business Report

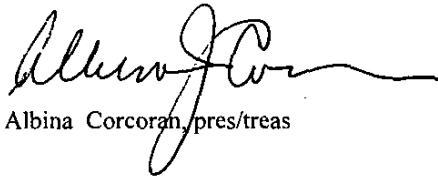
Enclosed please find above form with a check for \$150.00.

We just received the form on June 6th; therefore we are requesting that any late file/pay should be waived.

The business was incorporated in Sept 2000, which may explain why Dept of State was late in sending us the report.

~~If you have any questions, please call our accountant, Bob Malone, at 561-879-7508 or fax him at 561-879-7512~~

Thank you,



Albina Corcoran, pres/treas