

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000082755**

1. Entity Name

DESIGN SPECTRUM GROUP, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 032 ***150.00

766168

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**411 ADAMS ST. NW
FORT WALTON BEACH FL 32548**

Mailing Address

**411 ADAMS ST. NW
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

5597 US Hwy 98 W

Suite, Apt. #, etc.

204

3. Mailing Address

5597 US Hwy 98 W

Suite, Apt. #, etc.

204

City & State

SANTA ROSA Beach FL

City & State

SANTA ROSA Beach FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. FEI Number

31-1332540

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PAINTER, ROSANNE
411 ADAMS ST. NW
FORT WALTON BEACH FL 32548**

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

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

ROSEANNE M. PAINTER, Pres. ☐ Delete
411 Adam St NW
Ft Walton Beach FL 32548☐ 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ 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
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CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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

4-27-01

Date

850-622-0588

Daytime Phone #

CR2E034 (10/00)

0036510