

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90095 016 ***150.00

DOCUMENT # P00000085686

1. Entity Name

M&O DESIGN, INC.

Principal Place of Business

815 Chicopit Lane
 Jacksonville, FL
 32225

Mailing Address

P.O. Box 2179
 Jacksonville, FL
 32203-1430

2. Principal Place of Business

815 Chicopit Lane

3. Mailing Address

P.O. Box 2179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 65-1044459

Applied For
 Not Applicable

Zip
 32225

Country

Zip
 32203-2179

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Michael A. Gvozdoch
 815 Chicopit Lane
 Jacksonville, FL 32225

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director, President & Treas ☐ Delete
 C. Warren Olanow
 110 Polly Park Road
 Rye, NY 10580

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director, Vice Pres. & Secy ☐ Delete
 Mariana Olanow
 110 Polly Park Road
 Rye, NY 10580

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 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

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☐ 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)