01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086564

Entity Name
The Dwyer Design Group, Inc.

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90003 005 ***150.00

A0079246

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SAME	

2. Principal Place of Business		3. Mailing Address	
4421 N.W. 70 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State LAUDERHILL, FL		City & State	
Zip 33319	Country U.S.A.	Zip	Country

4. FEI Number 65-1052801 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name JULIAN DWYER
Street Address (P.O. Box Number is Not Acceptable) 4421 N.W. 70 AVE
City LAUDERHILL, FL Zip Code 33319

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] DATE 7/14/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~O,P,S.~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D,S. JULIAN DWYER 4421 N.W. 70th AVE LAUDERHILL, FL 33319 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] PRESIDENT 07/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)