## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 4

## Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000096019 R. GORDON DESIGNS, INC. 04-27-2001 90349 004 \*\*\*150.00 Principal Place of Business Mailing Address 530 Business PKWY Bay 7 530 BUSINESS PKWY BAY 7 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 530 BUSINESS PKWY BAY 7 ROYAL PALM BEACH FL 33411 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Robert J. Gordon 530 Business Pkwy By 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Palm Beach, FL 334111 TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CFTY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADORESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME Add:tion NAME STREET ADDRESS STREET ADDRESS CITY!ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CLTY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 eath; 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