2001 UNIFORM BUSINESS REPORT (UBR)

4/15

FILED
Jun 05, 2001 8:00 am
Secretary of State
04-19-2001 90050 046 ***150.00

DOCUMENT # P00000099070

1. Entity Name
DOUBLE W DESIGNS, INC.

Principal Place of Business	Mailing Address
4115 RAY BURN ROAD COCOA FL 32926-3530	POST OFFICE BOX 205 COCOA FL 32923-0205

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4115 Rayburn Road Suite, Apt. #, etc.	Post Office Box 205 Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State: Cocoa, FL
Zip: 32926-3530 Country: USA	Zip: 32923-0205 Country: USA

4. FEI Number: 59-3465851 ☐ 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
JACKSON, MARY WILLIAMS 4115 RAY BURN ROAD COCOA FL 32926-3530	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: Mary Williams Jackson (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)) DATE: April 13, 2001

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	President Wilson Williams, Jr. 2104 Two Lakes Road; #P4 Tampa, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Business Manager Mary Williams Jackson Post Office Box 205 Cocoa, FL 32923-0205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Wenona-Williams Arline 7225 Crane Avenue; #12 Jacksonville, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Mary Williams Jackson (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) April 13, 2001 (Date) (321)639-7664 (Daytime Phone #)