

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90307 025 ***150.00

DOCUMENT # P00000114673

1. Entity Name

ADVERTISING BY DESIGN, INC.

Principal Place of Business

**18015 ROSE STREET
GROVELAND FL 34712**

Mailing Address

**PO BOX 121418
CLERMONT FL 34711**

2. Principal Place of Business

100-C N. US Hwy 27

3. Mailing Address

100-C N. US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minneapolis, FL

City & State

CLERMONT FL

Zip

34736

Country

USA

Zip

34711

Country

USA

4. FEI Number

59-3690072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II ESQ.
13543 EAST HWY 50
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **DAWN BURGESS**

Street Address (P.O. Box Number is Not Acceptable)

100-C N. US Hwy 27

City **CLERMONT**

FL

Zip Code **34711**

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 **DAWN M. BURGESS, PRESIDENT 4/16/01**

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 | D | <input type="checkbox"/> Delete |
| NAME | BURGESS, DAWN | |
| STREET ADDRESS | 18015 ROSE STREET | |
| CITY-ST-ZIP | GROVELAND FL 34712 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURGESS, DAWN | |
| STREET ADDRESS | 100-C N. US Hwy 27 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **DAWN M. BURGESS 4/16/01 352 241-7002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)