

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90132 008 ***158.75

DOCUMENT # P00000115943

1. Entity Name

GARRISON DESIGN & INNOVATION, INC.

Principal Place of Business

**123 YACHT CLUB WAY, SUITE 101
 HYPOLUXO FL 33462**

Mailing Address

**P. O. BOX 540337
 HYPOLUXO FL 33462**

2. Principal Place of Business

**123 Yacht Club Way
 Suite, Apt. #, etc.
 SUITE 101**

3. Mailing Address

**Po Box 540337
 Suite, Apt. #, etc.
 1**



DO NOT WRITE IN THIS SPACE

City & State

**Hypoluxo, FL
 Zip 33462 Country U.S.**

City & State

**LAKE WORTH, FL 33454
 Zip 33454 Country U.S.**

4. FEI Number

65-1060605

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUMPINGJAXTAX.COM, INC.
 1940 HARRISON ST., SUITE 200-B
 HOLLYWOOD FL 33020-5072**

7. Name and Address of New Registered Agent

**Name: MICHAEL S. GARRISON
 Street Address (P.O. Box Number if Not Applicable): 123 YACHT CLUB WAY #101
 City: Hypoluxo FL Zip Code: 33462**

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	D	<input type="checkbox"/> Delete
NAME	GARRISON, MICHAEL	
STREET ADDRESS	123 YACHT CLUB WAY, SUITE 101	
CITY-ST-ZIP	HYPOLUXO FL 33462	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. GARRISON

04/10/01

Date

561-719-6755

Daytime Phone #

CR2E034 (10/00)