

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 047 ***158.75

DOCUMENT # P01000002482

1. Entity Name

DESIGN ON DEMAND, INC.

Principal Place of Business

1911 NW 16TH STREET
 CRYSTAL RIVER FL 34428

Mailing Address

1911 NW 16TH STREET
 CRYSTAL RIVER FL 34428

2. Principal Place of Business

414 N.E. 3RD ST.

Suite, Apt. #, etc.

Suite B

City & State

CRYSTAL RIVER FL

Zip
 34429

Country
 USA

3. Mailing Address

414 N.E. 3RD ST.

Suite, Apt. #, etc.

Suite B

City & State

CRYSTAL RIVER FL

Zip
 34429

Country
 USA

4. FEI Number

65-1071147

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PINES, RAYMOND R ESO
 601 EAST TWIGGS STREET
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
 LAWRENCE A. WIMBLE

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

414 N.E. 3RD ST.

Suite B

City
 CRYSTAL RIVER

FL

Zip Code
 34429

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)

1-8-2002

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, 2002 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	WIMBLE, LAWRENCE	
STREET ADDRESS	1911 NW 16TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAULS, BARRY C	
STREET ADDRESS	1600 NW 20TH AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
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		
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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

LAWRENCE A. WIMBLE

1-16-2002

Date

352-563-1225

Daytime Phone #

CR2E034 (9/01)