

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90129 028 \*\*\*550.00

0092450 AV

**DOCUMENT # P01000038141**

**1. Entity Name**  
**FOUNTAIN DESIGN, INC.**



**Principal Place of Business**  
**19993 BACK NINE DR**  
**BOCA RATON FL 33498**

**Mailing Address**  
**19993 BACK NINE DR**  
**BOCA RATON FL 33498**

**2. Principal Place of Business**  
**10435 CANOE BROOK CIR.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**SAME**  
Suite, Apt. #, etc.

**City & State**  
**BOCA RATON**

**City & State**

**4. FEI Number** **65-1095938**

**Applied For**  
**Not Applicable**

**Zip** **FLORIDA** **Country** **USA**

**Zip** **33498** **Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BLANDING, WAYNE**  
**19993 BACK NINE DR**  
**BOCA RATON FL 33498**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Wayne Blanding*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9-3-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BLANDING, WAYNE</b>	
<b>STREET ADDRESS</b>	<b>19993 BACK NINE DR</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33498</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BLANDING, COLLEEN</b>	
<b>STREET ADDRESS</b>	<b>19993 BACK NINE DR</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33498</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Wayne Blanding* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-03** **954-605-4191**

Date

Daytime Phone #

CF2E034 (4/03)