

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90112 019 \*\*\*150.00

0007106 AV

**DOCUMENT # P01000051612**

**1. Entity Name**  
**DESIGN MINDS INC.**

**Principal Place of Business**  
**4209 EDGEWATER DRIVE**  
**ORLANDO FL 32804**

**Mailing Address**  
**4209 EDGEWATER DRIVE**  
**ORLANDO FL 32804**

**2. Principal Place of Business**

**203 HERRELL ROAD**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**203 HERRELL ROAD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**WINTER SPRINGS FL**  
**Zip**  
**32708**  
**Country**  
**SEMINOLE**

**City & State**  
**WINTER SPRINGS FL**  
**Zip**  
**32708**  
**Country**

**4. FEI Number**  
**593721309**

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

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

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

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE, SUITE 1114**  
**MIAMI BEACH FL 33139**

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

**Name**  
**STACY EDWARDS**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**203 HERRELL ROAD**  
**City**  
**WINTER SPRINGS FL**  
**Zip Code**  
**32708**

**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** *X Stacy M Edwards*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3/11/02**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D MILLER, STACY**  
**1000 EAST FIRST STREET**  
**SANFORD FL 32771** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**STACY EDWARDS**  
**203 HERRELL ROAD**  
**WINTER SPRINGS FL 32708** ☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**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:** *X Stacy M Edwards*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**3/11/02 4076954393**

CR2E034 (9/01)