

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0034413 AV

**DOCUMENT # P01000105546**

1. Entity Name  
**MCGILLS DESIGNS, INC.**

03-11-2002 90024 017 \*\*\*150.00

Principal Place of Business  
**921 14TH AVE S**  
**JACKSONVILLE BCH FL 32250**

Mailing Address  
**921 14TH AVE S**  
**JACKSONVILLE BCH FL 32250**



2. Principal Place of Business  
**545 Atlantic Blvd.**  
 Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State  
**Atlantic Bch. Fl.**  
 Zip  
**32233**  
 Country  
**Duval**

City & State  
 Zip  
 Country

4. FEI Number  
**59-3080946**  
☒ Applied For  
☐ Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMPSON, ROBERT M**  
**921 14TH AVE S**  
**JACKSONVILLE BCH FL 32250**

7. Name and Address of New Registered Agent  
 Name  
**Robert Thompson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**921 14th Ave S.**  
 City  
**JAX Bch.** FL Zip Code  
**32250**

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 **Robert M. Thompson** **Robert M. Thompson** **2.22.02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>THOMPSON, ROBERT M</b> <b>921 14TH AVE S</b> <b>JACKSONVILLE BCH FL 32250</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>THOMPSON, JENNIFER L</b> <b>921 14TH AVE S</b> <b>JACKSONVILLE BCH FL 32250</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert M. Thompson** **2.22.02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)