

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0121041 AT

DOCUMENT # P02000110827

1. Entity Name
DESIGNTECH CONSTRUCTION CORPORATION



FILED
03 SEP 22 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 UTILITY DRIVE
SUITE 29
PALM COAST FL 32137
US

Mailing Address
P.O. BOX 351422
PALM COAST FL 32135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0918751

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LYNN, STAGL A
23 FLEMING COURT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STAGL, LYNN A
P.O. BOX 351422
PALM COAST FL 32135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800023358778
09/26/03--01025--002 **150.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

LYNN A STAGL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAGL

9/16/2003 (386-447-3006)

Date

Daytime Phone #

CR2E034 (4/03)

9/16/2003

To Whom It May Concern:

I did not receive the first form so I called Fl. Dept of State - Division of Corp. and was directed to mail you this letter and you would waive the \$550 late fee and I would pay the \$150 original fee. Thank you.

Sincerely
Lynn A. Stagle