

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039176

1. Entity Name
G.S. DESIGNS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90335 050 ***150.00

Principal Place of Business

205 WORTH AVE
CORPORATE PLACE #124
PALM BEACH FL 33480

Mailing Address

P.O. BOX 2742
PALM BEACH FL 33480-2742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Worth Ave

Suite, Apt. #, etc.

307F

City & State

Palm Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0415160

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HALL, CAROL L
205 WORTH AVE
CORPORATE PLACE #124
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

205 Worth Avenue

307F

City

Palm Beach FL

FL

Zip Code

33480

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)

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, 2000 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 PD
NAME HALL, CAROL
STREET ADDRESS P.O. BOX 2742 N/A
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Carol Hall (Carol Hall)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 27, 2000 Daytime Phone # 561 655-0089

CR2E034 (9/99)