

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90267 024 ***150.00

DOCUMENT # P93000040648

1. Entity Name
DESIGN CONCEPTS INC.

Principal Place of Business

**2989 W. S.R. 434
 STE 400
 LONGWOOD FL 32779**

Mailing Address

**2989 W. S.R. 434
 STE 400
 LONGWOOD FL 32779**

2. Principal Place of Business

3612 S. Atlantic Avenue

3. Mailing Address

3612 S. Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32127

Country

USA

Zip

32127

Country

USA

4. FEI Number

59-3190549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BLACKADAR, PAMELA
 2989 W. STATE RD. 434
 SUITE 400
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name
Blackadar, Pamela
 Street Address (P.O. Box Number is Not Acceptable)
3612 S. Atlantic Avenue
 City
Daytona Beach FL Zip Code
32127

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

Pamela S. Blackadar

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, 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
PSTD
 NAME
BLACKADAR, PAMELA ☐ Delete
 STREET ADDRESS
2989 W. STATE RD. 434, STE. 400
 CITY-ST-ZIP
LONGWOOD FL 32779

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD ☒ Change ☐ Addition
 NAME
Blackadar, Pamela
 STREET ADDRESS
3612 S. Atlantic Avenue
 CITY-ST-ZIP
Daytona Beach, FL 32127

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

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

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

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

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

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:

Pamela S. Blackadar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)