

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90108 047 ***150.00

DOCUMENT # P93000076197

1. Entity Name
R.J. UMHOLTZ DESIGNS, INC.

| | |
|---|--|
| Principal Place of Business 1429 SAN CHARLES DRIVE DUNEDIN FL 34698 US | Mailing Address 1429 SAN CHARLES DUNEDIN FL 33701-2522 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 146 8TH AVE N.E. Suite, Apt. #, etc. ST. PETE, FL 33701-2522 City & State | 3. Mailing Address 146 8TH AVE N.E. Suite, Apt. #, etc. ST. PETE, FL. City & State |
|--|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3213727 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|--------------------------|----------------------------|--------------------------|----------------------------|
| Zip 33701-2522 | Country PINELLAS | Zip 33701-2522 | Country PINELLAS |
|--------------------------|----------------------------|--------------------------|----------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
UMHOLTZ, ROBERT J
1429 SAN CHARLES DRIVE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
 Name
Umholtz, Robert J.
 Street Address (P.O. Box Number is Not Acceptable)
146 8TH AVE N.E.
 City
ST. PETE, FL Zip Code
33701-2522

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 Umholtz* (Just Address Change) DATE 4/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STD | <input type="checkbox"/> Delete |
| NAME UMHOLTZ, ROBERT J. | |
| STREET ADDRESS 1429 SAN CHARLES DRIVE | |
| CITY-ST-ZIP DUNEDIN FL | |
| TITLE VPDP | <input type="checkbox"/> Delete |
| NAME UMHOLTZ, ROBERT J | |
| STREET ADDRESS 1429 SAN CHARLES DRIVE | |
| CITY-ST-ZIP DUNEDIN FL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE STD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME UMHOLTZ, ROBERT J | |
| STREET ADDRESS 146 8TH AVE. N.E. | |
| CITY-ST-ZIP ST. PETE, FL. 33701-2522 | |
| TITLE VPDP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME UMHOLTZ, ROBERT J | |
| STREET ADDRESS 146 8TH AVE N.E. | |
| CITY-ST-ZIP ST. PETE, FL 33701-2522 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: *Robert Umholtz* DATE 4/23/00 DAYTIME PHONE # 727-394-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-72E034 (9/99)