


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010885
AV

DOCUMENT # P94000038285

1. Entity Name
SQUINT DESIGN, INC.



FILED
03 SEP -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1580 THORNHILL CIRCLE
OVIEDO FL 32765
US**

Mailing Address
**1580 THORNHILL CIRCLE
OVIEDO FL 32765
US**



2. Principal Place of Business
Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3249561**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOUCH, JOSEPH F.
1580 THORNHILL CIRCLE
OVIEDO FL 32765**

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	D BOUCH, JOSEPH F 1580 THORN HILL CR. OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDMAN, LOYD 2824 N. MORNINGSIDE CT. OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCH, PAMELA 1580 THORNHILL CIR OVIEDO FL 32765	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800022757018 09/04/03--01040--004 **150.00	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paula Benish* **Sec.** *8/26/03 886-1241*

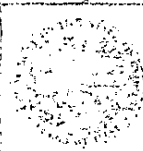
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (4/03)

2000 FEE PAYMENT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000038285**

1. Employer
SQUINT DESIGN, INC.



Copy

2. Principal and Employer
**1580 THORNHILL CIRCLE
OVIEDO FL 32765
US**

3. Principal and Employer
**1580 THORNHILL CIRCLE
OVIEDO FL 32765
US**



4. Principal and Employer

5. Principal and Employer

6. Principal and Employer

7. Principal and Employer

8. Principal and Employer

9. Principal and Employer

10. Principal and Employer **59-3249561**

11. Principal and Employer

12. Principal and Employer

13. Principal and Employer

14. Principal and Employer

15. Name and Address of Current Registered Agent

16. Name and Address of New Registered Agent

**BOUCH, JOSEPH F.
1580 THORNHILL CIRCLE
OVIEDO FL 32765**

17. Name and Address of New Registered Agent

FL

18. Signature of Current Registered Agent

19. Signature of New Registered Agent

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

20. Signature of Current Registered Agent

21. Signature of New Registered Agent

22. Name	23. Address	24. City	25. State	26. Zip	27. Phone	28. Fax	29. E-mail	30. Signature	31. Date
D	BOUCH, JOSEPH F	1580 THORN HILL CR.	OVIEDO FL 32765						
D	BOLDMAN, LOYD	2824 N. MORNINGSIDE CT.	OVIEDO FL 32765						
S	BOUCH, PAMELA	1580 THORNHILL CIR	OVIEDO FL 32765						

32. Signature of Current Registered Agent

SIGNATURE.

P. P. R. R. - Sec

4/15/03 407-366-120

Attachment

#P94000038280

This was originally sent to you
on April 15th 2003 - Check # 1041 -
Here is a copy of original Report -
The original new report + a check
for \$150.00. I spoke with your
office a couple of weeks ago +
they said to handle this in this
manner -

Thank you -

Pam Bouch
Squint Design

407-366-1241