

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038590

1. Entity Name

DESIGN & MANUFACTURING SOLUTIONS, INC.

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90227 005 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3410 AVENUE SIMONE~~  
~~LUTZ FL 33549~~

~~5410 AVENUE SIMONE~~  
~~LUTZ FL 33549~~

6702 BENJAMIN ROAD #400  
TAMPA, FL 33634

16203 SIERRA DE AVILA  
TAMPA, FL 33613

2. Principal Place of Business

6702 BENJAMIN ROAD

3. Mailing Address

16203 SIERRA DE AVILA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3259113

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33613

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLUCKMAN, JEREMY E  
707 N. FRANKLIN ST., FOURTH FLOOR  
TAMPA FL 33602

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PT  
STREET ADDRESS STERN, ELLIOT L  
CITY-ST-ZIP 5410 AVENUE SIMONE 16203 SIERRA DE AVILA  
LUTZ FL 33549 TAMPA, FL 33613

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS COBB, WILLIAM JR.  
CITY-ST-ZIP 5410 AVENUE SIMONE 726 18TH AVE NE  
LUTZ FL 33549 ST. PETERSBURG, FL 33704

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Elliot L Stern* ELLIOT L. STERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01

Date

813.887.4822

Daytime Phone #

CR2E02-1 (10/00)