

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: **PA4000054933**

1. Entity Name

DESIGNMANIA INC.

Principal Place of Business

Mailing Address

**2351 W. EAU GALLIE BLVD.
STE. #6
MELBOURNE, FL. 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3233176

Applied For

Not Applicable

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

**DOUG BURGHARDT
1470 BEECHFEEN DR.
MELBOURNE, FL. 32935**

Name

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

7000004583447--3

-09/11/01--01080--010

City

*******61.25 *****61.25**

FL 32935

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **DOUG BURGHARDT**
CITY-STATE-ZIP **1431 CARIBBEAN DR.
MELBOURNE, FL. 32935**

TITLE ☒ Change ☐ Addition
NAME **CEO**
STREET ADDRESS **DOUG BURGHARDT**
CITY-STATE-ZIP **1470 BEECHFEEN DR.
MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **JILL HEVIA**
CITY-STATE-ZIP **5540 S. AIA
MELBOURNE BEACH, FL. 32951**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **JILL BURGHARDT**
CITY-STATE-ZIP **1470 BEECHFEEN DR.
MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **JILL HEVIA**
CITY-STATE-ZIP **5540 S. AIA
17 MELBOURNE BEACH FL 32951**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **JILL BURGHARDT**
CITY-STATE-ZIP **1470 BEECHFEEN DR.
MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME **TREASURER**
STREET ADDRESS **AUDREY BURGHARDT**
CITY-STATE-ZIP **1431 CARIBBEAN DR.
MELBOURNE, FL 32935**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **AUDREY BURGHARDT**
CITY-STATE-ZIP **HAWKS BILL DR.
SAT. BEACH, FL. 32937**

TITLE ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **JOSEPH VISLAY**
CITY-STATE-ZIP **185 MOORE AVE
MERITT ISLAND, FL 32952**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **JOSEPH VISLAY**
CITY-STATE-ZIP **185 MOORE AVE
MERITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **JILL HEVIA**
CITY-STATE-ZIP **5540 S. AIA
17 MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **JILL BURGHARDT**
CITY-STATE-ZIP **1470 BEECHFEEN DR.
MELBOURNE, FL 32935**

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:

DOUGLAS B BURGHARDT

8/14/01 321-253-8828

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 PM 3:35

DO NOT WRITE IN THIS SPACE

SP