

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086129

1. Entity Name

3-D HOME DESIGN, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90052 027 ***150.00

Principal Place of Business

121 DIVISION ST
SUITE D
CLERMONT FL 34711
US

Mailing Address

121 DIVISION ST
SUITE D
CLERMONT FL 34711
US

2. Principal Place of Business

3. Mailing Address

258 Bayberry Dr.

258 Bayberry Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

Polk City, FL

4. FEI Number

59-3289717

Applied For

Not Applicable

Zip

33868

Country

USA

Zip

33868

Country

USA

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

STANLEY, DAVID A
16526 HIGHLAND AVE.
MONTVERDE FL 34756

Name

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

258 Bayberry Dr.

City

Polk City

FL

Zip Code

33868

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 D
STREET ADDRESS STANLEY, DAVID A
CITY-ST-ZIP 16526 HIGHLAND AVE.
MONTVERDE FL 34756

TITLE ☒ Change ☐ Addition
NAME 258 Bayberry Dr.
STREET ADDRESS Polk City, FL 33868
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS STANLEY, JANICE B
CITY-ST-ZIP 16526 HIGHLAND AVE.
MONTVERDE FL 34756

TITLE ☒ Change ☐ Addition
NAME 258 Bayberry Dr.
STREET ADDRESS Polk City, FL 33868
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

JANICE B. STANLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

863-984-6415

Daytime Phone #

CR2E034 (10/00)