

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90158 036 ***150.00

DOCUMENT # P96000038302

1. Entity Name

DESIGNS IN SOLID SURFACE, INC.

Principal Place of Business

Mailing Address

**2122 WEST CENTRAL BLVD.
 ORLANDO FL 32805**

**2122 WEST CENTRAL BLVD.
 ORLANDO FL 32805**

2. Principal Place of Business

7000 EDGEWATER #101

3. Mailing Address

7000 EDGEWATER

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

Zip

32810

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3375551

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

**ALBACHIAO, VINCENT
 2122 WEST CENTRAL BLVD.
 ORLANDO FL 32805**

Name

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

7000 EDGEWATER

101

City

ORLANDO

FL

Zip Code

32810

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

Vincent Albachiao

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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 **VP** ☐ Delete
 NAME **ALBACHIAO, VINCENT**
 STREET ADDRESS **2122 WEST CENTRAL BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32805**

☒ Change ☐ Addition
 TITLE **7000 EDGEWATER**
 NAME **ORLANDO, FL**
 STREET ADDRESS **32810**
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **SPOVIERI, CHARLES**
 STREET ADDRESS **35 LAURA DRIVE**
 CITY-ST-ZIP **ADDISON FL 60101**

☐ Change ☐ Addition
 TITLE **S**
 NAME **SPOVIERI, STEVE**
 STREET ADDRESS **7504 GRAND AVE.**
 CITY-ST-ZIP **ELMWOOD PARK IL 60635**

TITLE **S** ☐ Delete
 NAME **SPOVIERI, STEVE**
 STREET ADDRESS **7504 GRAND AVE.**
 CITY-ST-ZIP **ELMWOOD PARK IL 60635**

☐ Change ☐ Addition
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TITLE ☐ Delete
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☐ Change ☐ Addition
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 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:

Vincent Albachiao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067630

CR2E034 (10/00)