

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052886

1. Entity Name
ABC DESIGN CLINIQUE INC.

Principal Place of Business
101 NORTHWEST 21 STREET
POMPANO BEACH FL 33060

Mailing Address
POST OFFICE BOX 50255
POMPANO BEACH FL 33074

2. Principal Place of Business
4965 Reginald Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 720903
Suite, Apt. #, etc.

City & State
Orlando Florida
Zip
32829
Country
U.S.A

City & State
Orlando Florida
Zip
32872
Country
U.S.A

4. FEI Number
85-0691513
59-3658714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROWDER, O
101 N.W. 21ST ST.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
CROWDER OLGA
Street Address (P.O. Box Number is Not Acceptable)
4965 Reginald Rd
Orlando
City
FL Zip Code
32829

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 the 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CROWDER, OLGA L. THOMAS
101 NORTHWEST 21 STREET
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CROWDER OLGA L. Thomas
4965 Reginald Rd
Orlando FL 32829 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA L. CROWDER 4-30-01 407-381-0307

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)