

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055349

1. Entity Name

DESIGN STATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90213 005 ***150.00

Principal Place of Business

8705 CRANE'S ROOST DR
NEW PORT RICHEY FL 34654

Mailing Address

PO BOX 486
NEW PORT RICHEY FL 34656-0486
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3384510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANKAT, KIMBERLY K
3811 PENDLEBURY DR
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name Kimberly K Wankat

Street Address (P.O. Box Number is Not Acceptable)
4189 Moreno Dr.

City Palm Harbor

FL

Zip Code 34685

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

Kimberly K Wankat

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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

TITLE D ☐ Delete

NAME PERRY, MICHAEL
STREET ADDRESS 8705 CRANE'S ROOST DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete

NAME PERRY, MICHELE
STREET ADDRESS 8705 CRANE'S ROOST DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete

NAME WANKAT, DAVID
STREET ADDRESS 3811 PENDLEBURY DR
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete

NAME WANKAT, KIMBERLY
STREET ADDRESS 3811 PENDLEBURY DR
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Wankat, David
STREET ADDRESS 4189 Moreno Dr
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE ☒ Change ☐ Addition

NAME Wankat, Kimberly
STREET ADDRESS 4189 Moreno Dr
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (727)845-0515
Date Daytime Phone #