

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077319

1. Entity Name

APPLIED DESIGNS OF N.W. FL., INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90133 049 ***150.00

0037901

Principal Place of Business

Mailing Address

4641 GULF STARR DRIVE
SUITE 103
DESTIN FL 32541
US

4641 GULF STARR DRIVE
SUITE 103
DESTIN FL 32541
US

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 WRIGHT CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE, FL.

City & State

4. FEI Number

59-3404525

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

Country

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

PATE, MARY T

140 WRIGHT CIRCLE
NICEVILLE FL 32578

Name

N/A (NO CHANGE)

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

City

FL

Zip Code

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

Richard Pate, President

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

(NOTE: Registered Agent signature required when reinstating)

01-11-01

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 PVP
NAME PATE, RICHARD
STREET ADDRESS 140 WRIGHT CIR
CITY-ST-ZIP NICEVILLE FL ☐ Delete

TITLE ST
NAME PATE, M T
STREET ADDRESS 140 WRIGHT CIR
CITY-ST-ZIP NICEVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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 ☐ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Richard Pate RICHARD PATE

01-11-01 850-897-9886

Date

Daytime Phone #

CR2E034 (10/00)