

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91223 047 ***150.00

DOCUMENT # P96000084456

1. Entity Name
NEW STAT DESIGNER SERVICES, INC.

Principal Place of Business
8286 WESTERN WAY CIRCLE, C-4
JACKSONVILLE FL 32256

Mailing Address
8286 WESTERN WAY CIRCLE, C-4
JACKSONVILLE FL 32256

2. Principal Place of Business
112 Badger Park Dr.
 Suite, Apt. #, etc.

3. Mailing Address
112 Badger Park Dr.
 Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number **59-3415107**

Applied For
 Not Applicable

Zip **32259** Country

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

6. Name and Address of Current Registered Agent

NEUSTADT, ROBERT M
8286 WESTERN WAY CIRCLE, C-4
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
 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 **[Signature]** DATE **4-29-02**

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, 2002 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 **PD**
 NAME **NEUSTADT, ROBERT M**
 STREET ADDRESS **8286 WESTERN WAY CIRCLE, C-4**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V. President**
 NAME **NEUSTADT, KIMBERLEE K**
 STREET ADDRESS **112 BADGER PARK DR.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **PD**
 NAME **NEUSTADT, ROBERT M**
 STREET ADDRESS **112 BADGER PARK DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

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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]** DATE **4-29-02** DAYTIME PHONE # **904/825-4244**

CR2E034 (9/01)