

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90149 040 \*\*\*558.75

**DOCUMENT # P96000100201**

1. Entity Name  
**DESIGNAMERICA OF PINELLAS INC.**

Principal Place of Business  
**2840 WEST BAY DRIVE, STE. 138**  
**BELLEAIR BLUFFS FL 33770**  
**US**

Mailing Address  
**2840 WEST BAY DRIVE, STE. 138**  
**BELLEAIR BLUFFS FL 33770**  
**US**

2. Principal Place of Business  
**7557 18 AVENUE NORTH**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7557 18 AVENUE NORTH**  
 Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**  
 Zip  
**33710**  
 Country  
**PINELLAS**

City & State  
**ST. PETERSBURG, FL**  
 Zip  
**33710**  
 Country  
**PINELLAS**

4. FEI Number **NOT APPLICABLE**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HUCKEY, DAN**  
**2840 W BAY DR SUITE 138**  
**BELLEAIR BLUFF FL 33770**

## 7. Name and Address of New Registered Agent

Name **ROBERT JACKETT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7557 18 AVENUE NORTH**  
 City **ST. PETERSBURG** **FL** Zip Code **33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Jackett** **ROBERT JACKETT** **8-10-02**  
 Signature, typed or printed name of 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PM DUCKEY, DAN 423 12TH AVE. INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM HUCKEY, DAN RT 3 BOX 268 PAULS VALLEY OK 73075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]** **7/30/02** **727 560-2240**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (4/02)