

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90136 018 \*\*\*150.00

0017838  
AV

**DOCUMENT # P97000001637**

**1. Entity Name**  
**FORM & FUNCTION DESIGN, INC.**

(2)



**Principal Place of Business**  
**131 TAMAHAWK DR**  
**UNIT 23B**  
**INDIAN HARBOUR BCH FL 32937**  
**US**

**Mailing Address**  
**401 6TH AVENUE**  
**INDIALANTIC FL 32903**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3424831**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JEWELL, DOUG C**  
**401 6TH AVENUE**  
**INDIALANTIC FL 32903**

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

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **JEWELL, DOUG C**  
**STREET ADDRESS** **401 6TH AVE**  
**CITY-ST-ZIP** **INDIALANTIC FL 32903**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**REC'D DOUG C JEWELL**

**9-3-03**

**321 779 0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
**FORM & FUNCTION**  
D E S I G N

P97000001637

80144933

September 4, 2003

To Whom It May Concern,

I have recently received the 60 day notice of the Uniform Division Report, Division of Corporations. I did not receive the first notice prior to this. In reading through the information, and the *Frequently Asked Questions*, I am going to assume that the original payment of \$150.00 will be acceptable.

If you have any questions or comments, please feel free to contact me at my office.

Thank you,

  
Doug C. Jewell