

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000003508**

1. Entity Name
DESIGNS ON LINE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90321 006 ***150.00

Principal Place of Business
**705 N WILD OLIVE AVE
APT 3-B
DAYTONA BEACH FL 32118**

Mailing Address
**705 N WILD OLIVE AVE
APT 3-B
DAYTONA BEACH FL 32118**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3422364**

Applied For ☐ Not Applicable ☐

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**WILLIAMS, MILT
705 N WILD OLIVE AVE
APT 3-B
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001		
TITLE	PVS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WILLIAMS, MILT S		NAME		
STREET ADDRESS	705 N WILD OLIVE AVENUE #3B		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 and title other than empowered.

SIGNATURE: *Milt S. Williams* April 26 / 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment
D# P97000003508
Box 43181

Please Correct
You Have ON line
Should Be ONE
word.

ONLINE
NO SPACE