

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011068

1. Entity Name

DESIGN PRESS INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90418 039 ***150.00

Principal Place of Business

Mailing Address

ROUTE 1, BOX 261-E
QUINCY FL 32351
US

R R 1 BOX. 261 EAST
QUINCY FL 32351-9801

2. Principal Place of Business

323 Potter Road

3. Mailing Address

323 Potter Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

59-3449374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONOR, FRANK
R R 1 BOX, 261 EAST
QUINCY FL 32351

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 Frank O'Connor

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

Frank O'Connor

(NOTE: Registered Agent signature required when reinstating)

04-24-00

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, 2000 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 P ☐ Delete
NAME O'CONOR, ANNA
STREET ADDRESS ROUTE 1, BOX 261-E
CITY-ST-ZIP QUINCY FL 32351

TITLE VP ☐ Delete
NAME O'CONOR, FRANK
STREET ADDRESS RT 1, BOX 261-E
CITY-ST-ZIP QUINCY FL 32351

TITLE S ☐ Delete
NAME HIERS, MELISSA
STREET ADDRESS 920 W FRANKLIN STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Anna O'Connor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Anna O'Connor President

Date

Daytime Phone #

04-24-00 850-442-4583

CR2E034 (9/99)