

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037722

1. Entity Name

ALIANCE DESIGN SERVICES CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90326 021 \*\*\*158.75

Principal Place of Business

Mailing Address

~~2-DAVID STREET~~  
~~SUITE B~~  
~~FT WALTON BEACH FL 32548~~  
~~US~~

4113 INDIAN TRAIL  
DESTIN FL 32541-4329  
US

2. Principal Place of Business

4113 INDIAN TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip 32541

Country US

Zip

Country

4. FEI Number

59-3442530

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, PHILIP C  
4113 INDIAN TRAIL  
DESTIN FL 32541

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ELGIN, JOSEPH B  
STREET ADDRESS 1312 ROSEWOOD COVE  
CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ROHAN, DONALD J  
STREET ADDRESS 5112 CEDAR STREET  
CITY-ST-ZIP GULF BREEZE FL 32561

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME WARD, SAMUEL A  
STREET ADDRESS 4113 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32341

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

KILLINGSWORTH, STEVEN L.  
369 MAKRON DRIVE  
FT. WALTON BEACH, FL 32548

TITLE D  
NAME MASON, DAVID R  
STREET ADDRESS 273 FLORIDA AVE  
CITY-ST-ZIP VALPARAISO FL 32580

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PCD  
NAME WARD, PHILIP C  
STREET ADDRESS 4113 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME WARD, MARTHA B  
STREET ADDRESS 4113 INDIAN TRAIL  
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)