

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044985

1. Entity Name

REAL WORLD DESIGN, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90047 035 ***150.00

Principal Place of Business

Mailing Address

1422 NORWOOD AVE.
TITUSVILLE FL 32781

P.O. BOX 879
TITUSVILLE FL 32781-0879
US

2. Principal Place of Business

1980 N. Atlantic Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 316

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip
32931

Country
US

Zip

Country

4. FEI Number 59-3448488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURETTA, ANTONIO
1422 NORWOOD AVENUE
TITUSVILLE FL 32796

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

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 \$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	VP	<input type="checkbox"/> Delete
NAME	LAURETTA, ANTONIO	
STREET ADDRESS	1422 NORWOOD AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, BILLY F	
STREET ADDRESS	463 BROZMAN LN	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFIN, DENISE M	
STREET ADDRESS	463 BROZMAN LN	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAURETTA, DEBRA A	
STREET ADDRESS	1422 NORWOOD AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 (321) 267-4641