2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED DOCUMENT # **P97000049294** Apr 24, 2000 8:00 am Secretary of State REPTILE DESIGNS, INC. 04-24-2000 90006 006 ***150.00 Principal Place of Business Mailing Address 77004 INDBREAK REPTILE DESIG INC 77004 WINDBREAK RD ORLANDO FL 32819 ORLANDO FL 32819 Principal Place of Business Mailing Address UAyes Rd DO NOT WRITE IN THIS SPACE 101 <u>101</u> 4. FEI Number Applied For 65-0766926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ODAN 9 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, RALPH Street Address (P.O. Box Number is Not Acceptable) 4607 RIVIERA DRIVE CORAL GABLES FL 33146 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** TITLE ☐ Delete TITLE Change Addition YOUNG, RALPH NAME STREET ADDRESS 4607 RIVIERA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 **Change** TITLE Delete NAME MUELLER, MELISSA STREET ADDRESS 4607 RIVIERA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL 33146 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with with all other like empower