

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077067

1. Entity Name

DESIGN TIMES OF THE PALM BEACHES, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 016 ***550.00

0072960 AV

Principal Place of Business
 1401 VILLAGE BLVD
 931
 WEST PALM BEACH FL 33409
 US

Mailing Address
 1401 VILLAGE BLVD
 931
 WEST PALM BEACH FL 33409
 US

979335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1800 EMBASSY DRIVE
 Suite, Apt. #, etc.
 134
 City & State
 WEST PALM BEACH, FL
 Zip
 33401
 Country
 US

3. Mailing Address
 1800 EMBASSY DRIVE
 Suite, Apt. #, etc.
 134
 City & State
 WEST PALM BEACH, FL
 Zip
 33401
 Country
 US

4. FEI Number 65-0778722
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BYLER, DAVID A
 1699 SOUTH FEDERA HWY
 SUITE 3A & 3B
 BOCA RATON FL 33432

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 DAVID A BYLER DATE 9-12-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PO BYLER, DAVID A 1401 VILLAGE BLVD., UNIT #931 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID A BYLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 561-689-4207
Date Daytime Phone #

CR2E034 (5/01)