

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90912 039 ***150.00

DOCUMENT # P97000082229

1. Entity Name
QUELINDA DESIGN SOLUTIONS, INC.

Principal Place of Business

7319 SANDSCOVE COURT
 SUITE 10
 WINTER PARK FL 32792
 US

Mailing Address

7319 SANDSCOVE COURT
 SUITE 10
 WINTER PARK FL 32792
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3470528**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HELENTAL, KAREN A
3748 POWERS RIDGE COURT
ORLANDO FL 32808-2302

Name
HELENTAL, KAREN A.
 Street Address (P.O. Box Number is Not Acceptable)
1244 ROYAL OAK DRIVE

City **WINTER SPRINGS** FL Zip Code **32708**

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 _____ (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, 2001 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** ☐ Delete
 NAME **HELENTAL, KAREN A**
 STREET ADDRESS **3748 POWERS RIDGE COURT**
 CITY-ST-ZIP **ORLANDO FL 32808-2302**

TITLE **D** ☒ Change ☐ Addition
 NAME **HELENTAL, KAREN A**
 STREET ADDRESS **1244 ROYAL OAK DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Karen A. Helental* **DIRECTOR** 04-30-01 407 678 0220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)