

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90069 042 \*\*\*150.00

DOCUMENT # P97000108776

1. Entity Name

MAIN STREET DESIGN ASSOCIATES, CO.

Principal Place of Business

Mailing Address

526 TEAK DRIVE  
 WEST PALM BEACH FL 33403

526 TEAK DRIVE  
 WEST PALM BEACH FL 33403

2. Principal Place of Business

3079 S.W. LUCERNE ST.

Suite, Apt. #, etc.

3. Mailing Address

3079 S.W. LUCERNE ST.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34953

Country

ST LUCIE

City & State

PORT ST. LUCIE, FL.

Zip

34953

Country

ST. LUCIE

4. FEI Number

65-0807594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FAULKNER, RAYMOND  
 526 TEAK DRIVE  
 WEST PALM BEACH FL 33403

7. Name and Address of New Registered Agent

Name

FAULKNER, RAYMOND

Street Address (P.O. Box Number is Not Acceptable)

3079 S.W. LUCERNE ST.

City

PORT ST. LUCIE

FL

Zip Code

34953

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 RAYMOND FAULKNER

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

(NOTE: Registered Agent; signature required when reinstating)

1/15/01  
 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

TITLE ☐ Delete  
 NAME OP  
 STREET ADDRESS FAULKNER, RAY  
 CITY-ST-ZIP 526 TEAK DRIVE  
 LAKE PARK FL 33403

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME OP  
 STREET ADDRESS FAULKNER RAY  
 CITY-ST-ZIP 3079 S.W. LUCERNE STREET.  
 PORT ST. LUCIE, FL. 34953

TITLE ☐ Change ☐ Addition  
 NAME Ray Faulkner  
 STREET ADDRESS 3079 S.W. Lucerne Street  
 CITY-ST-ZIP Port St Lucie, Florida 34953

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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

RAY FAULKNER

1/15/01  
 DATE

561-873-1510  
 Daytime Phone #

CR2E034 (10/00)