

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006784

1. Entity Name

HOME DESIGNERS GROUP INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90001 031 ***150.00

Principal Place of Business

728 WEST COLONIAL DR.
ORLANDO FL 32804
US

Mailing Address

728 WEST COLONIAL DR.
ORLANDO FL 32804
US

2. Principal Place of Business

601 N. ORLANDO AVE.

Suite, Apt. #, etc.

#205

3. Mailing Address

601 N. ORLANDO AVE.

Suite, Apt. #, etc.

#205

City & State

MAITLAND, FLORIDA

Zip

32751

Country

USA

City & State

MAITLAND, FLORIDA

Zip

32751

Country

USA

4. FEI Number

59-3490128

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSTON, JONATHAN W
728 W COLONIAL DR
ORLANDO FL 32804

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

Jonathan W. Houston
Signature, typed or printed name of registered agent and title if applicable.

JONATHAN W. HOUSTON PRINCIPAL

3/26/01

(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

TITLE P
NAME HOUSTON, JONATHAN
STREET ADDRESS 728 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Jonathan W. Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN W. HOUSTON

3/26/01

Date

Daytime Phone #

407 628 8008

CR2E034 (10/00)

0051098