

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009504

1. Entity Name
MASTER DESIGNER, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90014 030 ***150.00

Principal Place of Business

Mailing Address

4202 TAMiami TR N
NAPLES FL 34103
US

~~2111 PALM DRIVE~~
NAPLES FL 34112

714723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4202 Tamiami Tr N 4202 Tamiami Tr N
Suite, Apt. #, etc.

Naples FL
City & State
34103

Naples FL
City & State
34103

4. FEI Number 59-3489762

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

LUDEMANN, PHYLLIS A
~~2111 PALM DRIVE~~ 193 Pinehurst Circle
NAPLES FL 34112 Naples FL 34113

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 _____ DATE _____
(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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD LUDEMANN, PHYLLIS A	2111 PALM DRIVE 193 Pinehurst Circle	NAPLES FL 34112 3	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

2/04/01 1941-649-1630
Date Daytime Phone #

CR2E034 (10/00)