

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90147 008 \*\*\*150.00

**DOCUMENT # P98000015259**

1. Entity Name

**DESIGNWORKS OF S.W. FLA. INC.**

Principal Place of Business

~~24850 OLD #1 RD~~  
~~SU 18~~  
**BONITA SPRINGS FL 34135**

Mailing Address

~~24850 OLD #1 RD~~  
~~SU 18~~  
**BONITA SPRINGS FL 34135**

2. Principal Place of Business

**25241 BERNWOOD DR.**  
 Suite, Apt. #, etc.  
**SUITE 1**

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

**BONITA SPRINGS FL**

City & State

**SAME**

4. FEI Number

**59-3492102**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**POTTS, LORA**

~~24850 OLD #1 RD~~ **25241 BERNWOOD DR. SU. #1**  
~~SU 18~~  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name  
**LORA POTTS**

Street Address (P.O. Box Number is Not Acceptable)  
**25241 BERNWOOD DR. SU. #1**

City **BONITA SPRINGS** **FL** Zip Code **34135**

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

*[Signature]* **1/24/02**

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POTTS, LORA</b>	
STREET ADDRESS	<b>9130 BUTTERCUP CT</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

*[Signature]* **LORA POTTS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/01 941 947 0035**

CR2E034 (9/01)