

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90122 034 ***150.00

DOCUMENT # P98000030374

1. Entity Name
PFS DESIGN, INC.

Principal Place of Business
3307 WESTCOTT DR.
PALM HARBOR FL 34684

Mailing Address
3307 WESTCOTT DR.
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
915 KLOSTERMAN RD E
 Suite, Apt. #, etc.

3. Mailing Address
915 KLOSTERMAN RD E
 Suite, Apt. #, etc.

City & State
TARPON SPRINGS FL

City & State
TARPON SPRING FL

Zip Country
34689 USA

Zip Country
34689 USA

4. FEI Number **59-3504485**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEENECK, PETER F
3307 WESTCOTT DR.
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
PETER F. STEENECK

Street Address (P.O. Box Number is Not Acceptable)
915 KLOSTERMAN ROAD E

City State Zip Code
TARPON SPRING FL 34689

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 **PETER F. STEENECK** **4.22.02**

Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
STEENECK, PETER F 3307 WESTCOTT DR. PALM HARBOR FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
STEENECK, CHERYL L 3307 WESTCOTT DR. PALM HARBOR FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **PETER F. STEENECK** **4.22.02 727 938-6545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)