

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90054 029 ***150.00

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DOCUMENT # P98000041255

1. Entity Name
MADE BY DESIGN, INC.

Principal Place of Business
5315 HOLSTEIN ROAD
APOPKA FL 32712

Mailing Address
710 QUEENSBURY LOOP
WINTER GARDEN FL 34787
US



2. Principal Place of Business
5315 Holstein Rd
 Suite, Apt. #, etc.
Apopka Fl
 City & State

3. Mailing Address
1307 Olympia Park Circle
 Suite, Apt. #, etc.
Ocoee, FL
 City & State

DO NOT WRITE IN THIS SPACE

Zip
32712
 Country

Zip
34761
 Country

4. FEI Number
65-0830825

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, MARY PAUL
710 QUEENSBURY LOOP
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name
Michelle Lilly
 Street Address (P.O. Box Number is Not Acceptable)
1307 Olympia Park Circle
Ocoee, FL
FL 34761

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

DATE
3/28/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARY PAUL	
STREET ADDRESS	710 QUEENSBURY LOOP	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, DOUGLAS M	
STREET ADDRESS	1307 OLYMPIA PARK CIRCLE	
CITY-ST-ZIP	OCOEEE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKHOLDER, WILLIAM	
STREET ADDRESS	5315 HOLSTEIN ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE S. LILLY	
STREET ADDRESS	1307 Olympia Park	
CITY-ST-ZIP	Ocoee, FL 34761	
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 empowered.

SIGNATURE: **SIGNATURE REQ** **Michelle Lilly** **3/28/02** **407-654-6682**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)