

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041736

1. Entity Name

DESIGNER COLORS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90413 028 ***150.00

0132169

Principal Place of Business

Mailing Address

3621 TURTLE RUN BOULEVARD, #1024
CORAL SPRINGS FL 33067

3621 TURTLE RUN BOULEVARD, #1024
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

8404 Nicholls Point

8404 Nicholls Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST Palm Beach FL

WEST Palm Beach FL

City & State

City & State

Zip

Country

Zip

Country

33411

U.S.
Palm Beach

33411

U.S.
Palm Beach

4. FEI Number

65-0840563

Applied For

Not Applicable

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

MAEHLMANN, JANICE
3621 TURTLE RUN BOULEVARD, #1024
CORAL SPRINGS FL 33067

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

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, 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
P
MAEHLMANN, JANICE
3621 TURTLE RUN BLVD., #1024
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE MAEHLMANN

Date

Daytime Phone #

4-20-01 9547571090

CR2E034 (10/00)