

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096695

Entity Name

DESIGN DEVELOPMENT CORPORATION

**FILED**  
**May 10, 2000 8:00 ar**  
**Secretary of State**

05-10-2000 90174 010 \*\*\*158.75

Principal Place of Business

Mailing Address

N. CROOKED BRANCH DR.  
 FL 34461

P.O. BOX 1239  
 CRYSTAL RIVER FL 34423-1239  
 US

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

59-3543415

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

BOWMAN, DANIEL W  
 1887 N. CROOKED BRANCH DR.  
 LECANTO FL 34461

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

## OFFICERS AND DIRECTORS

PS	<input type="checkbox"/> Delete
BOWMAN, DANIEL W	
1887 N CROOKED BRANCH DRIVE	
LECANTO FL 34461	
VT	<input checked="" type="checkbox"/> Delete
SMITH, ROBERT M	
1887 N CROOKED BRANCH DRIVE	
LECANTO FL 34461	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

## 12.

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P/S/T** ☒ Change ☐ Addition  
**BOWMAN, DANIEL W**  
**1887 N. CROOKED BRANCH DRIVE**  
**LECANTO, FL 34461**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*Daniel W Bowman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

352-527-8188

Daytime Phone #

CR2E034 (9/99)