

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104982

1. Entity Name  
GOLD LEAF DESIGN CONSULTANTS, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90002 043 \*\*\*550.00

Principal Place of Business

13061 MEADOWBREEZE DR.  
WELLINGTON FL 33414  
US

Mailing Address

13061 MEADOWBREEZE DR.  
WELLINGTON FL 33414  
US

2. Principal Place of Business

5913 S. DIXIE HWY.

Suite, Apt. #, etc.

Suite C

City & State

WEST PALM BCH, FL.

Zip

33405

Country

USA

3. Mailing Address

5913 S. DIXIE HWY.

Suite, Apt. #, etc.

Suite C

City & State

WEST PALM BCH, FL

Zip

33405

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, DEBORAH  
13061 MEADOWBREEZE DR.  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Vikki L. KEMP

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

533 29TH ST.

WEST PALM BCH.

FL

Zip Code

33407

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

*Vikki L. Kemp* Vikki L. KEMP

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VPD  
NAME FREEDMAN, DEBORAH  
STREET ADDRESS 13061 MEADOWBREEZE DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE D  
NAME KEMP, VIKKI  
STREET ADDRESS 533 29TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE PTD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Vikki L. Kemp* Vikki L. KEMP

Date

8-8-00

Daytime Phone #

561-533-0260

CR2E034 (5/00)