

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90045 005 ***150.00

DOCUMENT # P98000104982

1. Entity Name

GOLD LEAF DESIGN CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**5913 S DIXIE HWY
 SUITE C
 WEST PALM BEACH FL 33405
 US**

**5913 S DIXIE HWY
 SUITE C
 WEST PALM BEACH FL 33405
 US**

2. Principal Place of Business

5913 S. Dixie Hwy

3. Mailing Address

5913 S. Dixie Hwy

Suite, Apt. #, etc

Suite C

Suite, Apt. #, etc

Suite C

City & State

West Palm Beach

City & State

West Palm Beach, FL

Zip

FL 33405

Country

Palm Beach Co.

Zip

33405

Country

Palm Beach

4. FEI Number

65-0892635

Applied For

Not Applicable

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

**KEMP, VIKKI L
 533 29TH ST
 WEST PALM BEACH FL 33407**

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 ☐ Delete
 NAME **VSD**
 STREET ADDRESS **FREEDMAN, DEBORAH**
 CITY-ST-ZIP **13061 MEADOWBREEZE DRIVE**
WELLINGTON FL 33414

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-01 561-533-0261

CR2E034 (10/00)