

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90194 032 ***150.00

DOCUMENT # P99000009238

1. Entity Name

DESIGN SOFTWARE, INC.

Principal Place of Business

**2762 F. ROAD
 LOXAHATCHEE FL 33470**

Mailing Address

**2762 F. ROAD
 LOXAHATCHEE FL 33470**

2. Principal Place of Business

1265 Breaker's West Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Same

W.P.B., FL

City & State

Zip

Country

Zip

Country

33411

USA

6. Name and Address of Current Registered Agent

**DIGIOVANNI, GINA
 2762 F. ROAD
 LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **Gina DiGiovanni**

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

1265 Breaker's West Blvd.

City

W.P.B., FL

State

Zip Code

33411

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

4.27.01

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	D	<input type="checkbox"/> Delete
NAME	DIGIOVANNI, GINA	
STREET ADDRESS	2762 F. ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Gina DiGiovanni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.01 561.793.7118

Date

Daytime Phone #

CR2E034 (10/00)