

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90229 050 \*\*\*150.00

DOCUMENT # P99000012718  
 1. Entity Name  
 Design Master Z of South Florida, INC.

Principal Place of Business Mailing Address  
 27 Pennock Lane, ~~PO Box 1777~~ PO Box 1777  
 Suite 201 Jupiter, FL 33458  
 Jupiter, FL 33468

00082221

2. Principal Place of Business 3. Mailing Address  
 27 Pennock Lane PO Box 1777  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 201

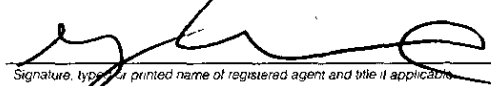
DO NOT WRITE IN THIS SPACE

City & State Zip Country  
 Jupiter, FL 33458 USA  
 Jupiter, FL 33468 USA

4. FEI Number Applied For  
 59-3555728 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City Zip Code

7. Name and Address of New Registered Agent  
 Name Greg Vighiese  
 Street Address (P.O. Box Number is Not Acceptable) 27 Pennock Lane, Suite 201  
 City Jupiter FL Zip Code 33458

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  Greg Vighiese 4/28/00  
 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, 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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Greg Vighiese
STREET ADDRESS	27 Pennock Lane, Suite 201
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD Jeffrey Phillips
STREET ADDRESS	27 Pennock Lane, Suite 201
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  Greg Vighiese 4/28/00 561-624-4226  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR 1034 (9/99)