

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 30, 2000 8:00 am
Secretary of State

04-12-2000 90010 028 ***150.00

DOCUMENT # P99000028300

1. Entity Name

W.F. DESIGNS, INC.

Principal Place of Business

4625 OLD WINTER GARDEN ROAD
 SUITE A4
 ORLANDO FL 32811

Mailing Address

4625 OLD WINTER GARDEN ROAD
 SUITE A4
 ORLANDO FL 32811-1777

2. Principal Place of Business

1545 SACKETT CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 616839
 Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32818

Country

USA

Zip

32861

Country

USA

4. FEI Number

59-3566576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, CONNIE
 4625 OLD WINTER GARDEN ROAD
 SUITE A4
 ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

BRADLEY FITZPATRICK

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

1545 SACKETT CIRCLE

City

ORLANDO

FL

Zip Code

32818

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

BRADLEY FITZPATRICK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/20/00

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 \$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 D
 NAME WOLF, FRANZ
 STREET ADDRESS 4625 OLD WINTER GARDEN ROAD
 CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE D
 NAME FITZPATRICK, BRAD
 STREET ADDRESS 4625 OLD WINTER GARDEN ROAD
 CITY-ST-ZIP ORLANDO FL 32811 ☐ 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
 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

407 523 1353

CR2E034 (9/99)