

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028300

1. Entity Name
W.F. DESIGNS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90082 038 ***150.00

Principal Place of Business

1545 SACKETT CIRCLE
SUITE A4
ORLANDO FL 32818
US

Mailing Address

P O BOX 616839
ORLANDO FL 32861
US

2. Principal Place of Business

2100 SOUTH CONWAY RD.

3. Mailing Address

Suite, Apt. #, etc.

G-2

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

4. FEI Number 59-3566576

Applied For

Not Applicable

Zip

32812

Country

USA.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, BRADLEY
1545 SACKETT CIRCLE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

FITZPATRICK, BRADLEY

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

2909 SOUTH SEMERAN BLVD

APT 197

City

ORLANDO

FL

Zip Code

32822

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 is not 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, FRANZ	
STREET ADDRESS	4625 OLD WINTER GARDEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, BRAD	
STREET ADDRESS	4625 OLD WINTER GARDEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
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	
STREET ADDRESS	2100 SOUTH CONWAY RD APT 92
CITY-ST-ZIP	ORLANDO FL, 32812
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2909 SOUTH SEMERAN BLVD APT 197
CITY-ST-ZIP	ORLANDO FL, 32822
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

407 947 0758

CR2E034 (10/00)