

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000046186**

1. Entity Name  
**DESIGN COLLECTION INDUSTRIES, INC.**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90023 006 \*\*\*158.75

Principal Place of Business

Mailing Address

**JANIGA STREET  
ST LUCIE FL 33015**

**3841 JANIGA STREET  
PORT ST LUCIE FL 34953-5385**

2. Principal Place of Business

**1702 NW FEDERAL HWY**  
Suite, Apt. #, etc.

3. Mailing Address

**1702 NW FEDERAL HWY**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

|                                  |                                  |                                    |  |
|----------------------------------|----------------------------------|------------------------------------|--|
| City & State<br><b>STUART FL</b> | City & State<br><b>STUART FL</b> | 4. FEI Number<br><b>65-0921412</b> | Applied For<br><input type="checkbox"/> Not Applicable   |
| Zip<br><b>34994</b>              | Zip<br><b>34994</b>              | Country                            | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

**TAMKINS, BONNEY  
3841 JANIGA STREET  
PORT ST LUCIE FL 33015**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> 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 \_\_\_\_\_ (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                   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |
|--|---------------------------------|--|---|
| TITLE<br><b>D</b>                            | <input type="checkbox"/> Delete | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME<br><b>TAMKINS, BONNEY</b>               |                                 | NAME   |   |
| STREET ADDRESS<br><b>3841 JANIGA STREET</b>  |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP<br><b>PORT ST LUCIE FL 33015</b> |                                 | CITY-ST-ZIP  |   |
| TITLE<br><b>D</b>                            | <input type="checkbox"/> Delete | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME<br><b>TAMKINS, DAVID A</b>              |                                 | NAME   |   |
| STREET ADDRESS<br><b>3841 JANIGA STREET</b>  |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP<br><b>PORT ST LUCIE FL 33015</b> |                                 | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME   |   |
| STREET ADDRESS                               |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME   |   |
| STREET ADDRESS                               |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME   |   |
| STREET ADDRESS                               |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP                                  |                                 | 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: Bonnie Tamkins Bonney Tamkins Pres. Date: 2/2/00 Daytime Phone #: 561-692-2202

CR2E034 (9/99)