

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065217

1. Entity Name

R W DESIGNS, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90019 027 \*\*\*150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD  
SUITE #4  
JACKSONVILLE FL 32257

3617 CROWN POINT ROAD  
SUITE #4  
JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.

P.O. BOX 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

City & State  
Jacksonville FL

City & State  
Jacksonville FL

4. FEI Number

54-3588938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MERIDITH ALLEN  
3617 CROWN POINT ROAD  
SUITE #4  
JACKSONVILLE FL 32257

Name  
MEREDITH ALLEN HERNANDEZ

Street Address (P.O. Box Numbers Not Acceptable)  
3617 Crown Point Rd.

SUITE #1

City  
Jacksonville

FL

Zip Code  
32257

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

*[Signature]* M.A. Hernandez

3/31/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WARCHOL, RICHARD POST OFFICE BOX 24668 JACKSONVILLE FL 32241-4668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

✓ 4/4/00

Date

904-288-8999

Daytime Phone #

CR2E034 (9/99)