

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90026 039 ***150.00

0083262

DOCUMENT # P99000082277

1. Entity Name

MAELSTROM DESIGN, INC.

Principal Place of Business

**669 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

Mailing Address

**669 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952****00031412**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 320478

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 320478

Suite, Apt. #, etc.

City & State

COCOA BEACH FL

City & State

COCOA BEACH FL

4. FEI Number

59-3599159

Applied For

Not Applicable

Zip

32932

Country

BREVARD

Zip

32932

Country

BREVARD5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT, PATRICIA S
669 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

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

16 COLONIAL DR.

City

COCOA BEACH

FL

Zip Code

32931

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

1-31-2001

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, 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

☐ Delete

NAME

BARNETT, PATRICIA S

STREET ADDRESS

669 SOUTH COURTENAY PARKWAY

CITY-ST-ZIP

MERRITT ISLAND FL 32952

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

P.O. Box 320478**COCOA BEACH, FL 32932-0478**

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

☐ Change☐ 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

1-31-2001

Daytime Phone #

CR2E034 (10/00)