4/27/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-27-2001 90339 002 ***150.00

DOCUMENT # P99000083745

1. Entity Name
DAVID ROWELL DESIGN CO.

Principal Place of Business
233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695

Mailing Address
233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
205 15th AVE NE
Suite, Apt. #, etc.

3. Mailing Address
205 15th Ave NE
Suite, Apt. #, etc.

City & State: ST Petersburg, Fl
Zip: 33704 Country: P

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Zip: 33704 Country:

4. FEI Number 59-3604432 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROWELL, DAVID E
233 SECOND ST. SOUTH
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
205 15th Ave N.E.
City: ST Petersburg Zip Code: 33704

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] DATE: 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWELL, DAVID 233 2ND ST S. SAFETY HARBOR FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 205 15th Ave. N.E. ST PETERSBURG, Fl 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWELL, BARBARA 233 2ND ST S. SAFETY HARBOR FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 205 15th Ave NE ST Petersburg, Fl 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 5/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #