

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90270 001 ***150.00

266100

DOCUMENT # P99000092393

1. Entity Name
FLUID DESIGNS, INC.

Principal Place of Business
**3617 CROWN POINT RD., STE. #1
 JACKSONVILLE FL 32257**

Mailing Address
**PO BOX 24668
 JACKSONVILLE FL 32241**

2. Principal Place of Business
**6593 Powers Ave.
 #12**

3. Mailing Address
 Suite, Apt. #, etc.

City & State
**Jacksonville, FL
 32217 USA**

City & State

4. FEI Number **59-3610861**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, MEREDITH A
 3617 CROWN POINT RD., STE. #1
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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 **PD** ☐ Delete
 NAME **REILLY, FRANCES W**
 STREET ADDRESS **P.O. BOX 24668**
 CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

TITLE **VD** ☐ Delete
 NAME **REILLY, RICHARD**
 STREET ADDRESS **P.O. BOX 24668**
 CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

TITLE **SD** ☐ Delete
 NAME **REILLY, EDWARD W**
 STREET ADDRESS **P.O. BOX 24668**
 CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

TITLE **TD** ☐ Delete
 NAME **REILLY, COURTNEY**
 STREET ADDRESS **P.O. BOX 24668**
 CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Courtney Reilly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01
 Date

(904) 288-8999
 Daytime Phone #

CR2E034 (10/00)