

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 032 ***150.00

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DOCUMENT # P990000092393

1. Entity Name
FLUID DESIGNS, INC.



Principal Place of Business
**6593 POWERS AVE
12
JACKSONVILLE FL 32217**

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



2. Principal Place of Business
10041 Powers Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State
Jacksonville, FL

City & State

Zip

Country

Zip

Country

32217

USA

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

7. Name and Address of New Registered Agent

**HERNANDEZ, MEREDITH A
3617 CROWN POINT RD., STE 41
JACKSONVILLE FL 32257**

Name

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

Suite #2

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Meredith A Hernandez

3/6/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REILLY, FRANCES W
P.O. BOX 24668
JACKSONVILLE FL 32241-4668**

☒ Delete

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B,VP,D
REILLY, RICHARD
P.O. BOX 24668
JACKSONVILLE, FL 32241-4668**

☒ Change ☒ Addition

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

☒ Delete

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

☒ Change ☒ Addition

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

☐ Delete

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

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances W Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 288-8999
Date Daytime Phone #

CR2E034 (10/02)