

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104827

1. Entity Name

CORPORATE IMAGE DESIGNERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90256 003 ***150.00

Principal Place of Business

Mailing Address

894 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

894 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

c/o PhyMed Partners

Suite, Apt. #, etc.

Suite, Apt. #, etc.

710 MIAMI SPRINGS DR.

City & State

City & State

LONG WOOD FL

Zip

Country

Zip

Country

32779

4. FEI Number

59-3606055

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

SCHILLING, TRACY
445 DOUGLAS AVE., STE. 2005-12
ALTAMONTE SPRINGS FL 32714

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.

(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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCMICHAEL, DAVID L
31271 LOCHMORE CIRCLE
MT. PLYMOUTH FL 32776

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

DAVID L. MCMICHAEL, PRESIDENT

Date

Daytime Phone #

4-14-2000 407-260-8370

CR2E034 (9/99)