

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90025 039 ***158.75

DOCUMENT # V72063

1. Entity Name
DESIGN TEAM WEST, INC.

Principal Place of Business
1227 9TH AVENUE WEST
BRADENTON FL 34205

Mailing Address
1227 9TH AVENUE WEST
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 9th Ave W

3. Mailing Address
1201 9th Ave W

City & State
BRADENTON

City & State
BRADENTON

4. FEI Number **65-0375192** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, MICHAEL M
1227 9TH AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name **CARTER MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
1201 9th Ave W

City **BRADENTON** FL **34205**

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, 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 | DPST | <input type="checkbox"/> Delete | TITLE | SAN 9th Ave W | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, MICHAEL M | | NAME | 1201 9th Ave W | of address |
| STREET ADDRESS | 1227 9TH AVENUE WEST | | STREET ADDRESS | BRADENTON, FL | |
| CITY-ST-ZIP | BRADENTON FL 34205 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | SAN 9th Ave W | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GARRY L | | NAME | 1201 9th Ave W | of address |
| STREET ADDRESS | 1227 9TH AVE., W. | | STREET ADDRESS | BRADENTON, FL | |
| CITY-ST-ZIP | BRADENTON FL 34205 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Garry L. Roberts** **4/3/01** **941-745-1700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)