2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90135 008 ***158.75

DOCUMENT # L67307

1. Entity Name
DESIGNER OF ST. LUCIE AND MARTIN COUNTIES, INC.

Principal Place of Business	Mailing Address
5601 PALMETTO DRIVE FORT PIERCE FL 34982 US	C/O GEORGE L WILLIAMS III 606 BOSTON AVENUE FT.PIERCE FL 34950 US

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2566 S.W. Cooper Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State:
Zip: 34984 Country: US	Zip: Country:

4. FEI Number 65-0199309 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GEORGE L III
606 BOSTON AVENUE
FORT PIERCE FL 34950

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. 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

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	PST NARDONE, JOHN 5601 PALMETTO DR FT PIERCE FL 34982	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST NARDONE, DOUGLAS 2566 S.W. Cooper Lane Port St. Lucie, FL 34984	[X] Change [ ] Addition
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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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Nardone President 3-18-03 (772)370-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)