## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000027068 **DOCUMENT #**

1. Entity Name

SAWTOOTH DESIGNS, INC.



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90068 019 \*\*\*150.00

						No.						
Principal Place of Business 4480 N.W. 17 AVE. OAKLAND PARK FL 33379 US			4480	-Mailing Address 4480 NW 17 AVE OAKLAND PARK FL 33379 US						140 <b>11</b> 00 <b>11</b> 00 <b>11</b> 00 <b>1</b>		
2. Principal	Place of Busine	3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CHECK HERE	IF MAKING	3 CHANGE	S
City & State			City & State				4.	FEI Number	 65-0567361			Applied For
Zip Country			Zip		itry	5.	Certificate of S	tatus Desired		\$8.75 A	dditional	
	6. Name a	nd Address of Curren	t Register	ed Agent	<u> </u>		7.	Name and Add	ress of New R			
FITZPATE	RICK, MARK			7. Name and Address of New Registered Agent Name								
4480 N.W	V. 17TH AVE.		Street Addres			ess (P.O. I	(P.O. Box Number is Not Acceptable)					
OAKLAN	D PK FL 33309	9										
	<del></del>								FL	Zip Co		
the obliga	e named entity s itions of register	submits this statement fed agent.	or the purp	oose of changing its	registere	ed office or regi	stered ac	gent, or both, in	the State of Flo	rida. I am f	amiliar with	, and accept
SIGNATURE												
	Signature, typed or p	orinted name of registered agen	t and title if app	plicable. (NOTE	E: Registered	Agent signature rec	uired when r	reinstating)		DATE	· · ·	
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00							Campaign Fin			00 May Be
	K Payable to F	lorida Department o		<u>_</u>					Ind Continuation	i	Adde	d to Fees
10.	T-	OFFICERS AND	DIRECTO	· · · · · · · · · · · · · · · · · · ·	11.		AC	DDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET-ADDRESS	D FITZPATRICK 4480 NW 17			☐ Delete	TITLE NAME	ľ					☐ Change	☐ Addition
CITY-ST-ZIP		ARK FL 33379				ST-ZIP						
TITLE NAME		1		☐ Delete	TITLE				·		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	_					T ADDRESS ST-ZIP						
TITLE NAME				☐ Delete	TITLE			76			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STREET	T ADDRESS ST-ZIP						
TITLE NAME				Delete -	TITLE NAME		- Mg	ميره حساب وح	*	**	☐ Change	Addition
STREET ADDRESS City-St-Zip						TADORESS ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAME			<del></del>	<del></del> ,,		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ADDRESS T-ZIP					-	
TITLE NAME	1		<del></del>	☐ Delete	TITLE			<u> </u>	····	 I	Change	Addition
STREET ADDRESS CITY-ST-ZIP						ADDRESS T-ZIP						
I2. hereby co	ertify that the inf	ormation supplied with	this filing o	does not qualify for t			Section 1	10.07/2\/i\ Flor	ida Statutas 14			

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

SIGNATURE:

apone neovined SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954-776.5919