2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P96000003573

1. Entity Name
ALLAN HENDY DESIGNS, INC.

Principal Place of Business	Mailing Address
7400 TAMIAMI TRAIL NORTH	7400 TAMIAMI TRAIL NORTH
SUITE 102	SUITE 102
NAPLES FL 33963	NAPLES FL 33963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip 34108	Country	Zip 34108	Country

4. FEI Number   65-0629031

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

LICHT, MICHAEL A
C/O GUALARIO & LICHT P.A.
791 10TH ST. S.
NAPLES FL 34104

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 **P** NAME **HENDY, ALLAN** STREET ADDRESS **7400 TAMIAMI TR #102** CITY-ST-ZIP **NAPLES FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03   239-597-0988
Date   Daytime Phone #

CR2E034 (10/02)