2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # P9700(ON DESIGN BUILDERS, INCO	0092578 PRPORATED		Secret	ary of St	ate	
Principal Place of Business 3107 BARCELONA ST TAMPA FL 33629		Mailing Address 3107 BARCELONA ST TAMPA FL 33629		BUU MOSOO A MANAGA MA MANA MANA MANA MANA MANA MAN			
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3476176	: —	pplied For	
Zip Country		Zip	Country	5. Certificate of Status Desired	□ \$8.75 Ad	Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New I			
	_	-	Name		<u> </u>		
SOCHER, WILLIAM 3107 BARCELONA ST TAMPA FL 33629			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
I CHIII C I I	L COULD	City			FL Zip Coo	de	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab		After May 1, 2002 Make Check Payable	<u> </u>	State	on. Adde	00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, STEVEN 3107 BARCELONA ST TAMPA FL 33629	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCHER, WILLIAM 3107 BARCELONA ST TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPPIN, JEFF 3107 BARCELONA ST TAMPA FL 33629	□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	ue and accurate and that my seried to execute this report as	signature shall have th	ne same legal effect as if made under	oath: that I am an officer	or director	

SIGNATURE:

SIGNATURE AND THE OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

(813) 832-1101

Daytime Phone #