

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90068 021 ***150.00

DOCUMENT # P98000055709

1. Entity Name

DESIGN INTERACTIVE, INC.

Principal Place of Business

Mailing Address

**897 KENSINGTON GARDENS COURT
 OVIEDO FL 32765**

**897 KENSINGTON GARDENS COURT
 OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3534927**

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

**STANNEY, KAY
 897 KENSINGTON GARDENS COURT
 OVIEDO FL 32765**

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.

SIGNATURE _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD Delete <input type="checkbox"/>	STANNEY, KAY 897 KENSINGTON GARDENS COURT OVIEDO FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S Delete <input type="checkbox"/>	STANNEY, JOHN 897 KINSINGTON GARDENS CT OVIEDO FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Kay M. Stanney Date: 1/27/01 Daytime Phone #: 707/252-8697

906881



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)