

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90021 046 \*\*\*150.00

**DOCUMENT # P98000088334**  
 1. Entity Name  
**INTERNATIONAL DESIGN SOURCE, UNLIMITED, INC.**

Principal Place of Business <b>6001 TAYLOR ROAD NAPLES FL 34109</b>	Mailing Address <b>6632 STONEGATE DR. NAPLES FL 34109</b>
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21845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3539687</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**SADEZ, EMILIO J**  
~~1916 MANCHESTER CIRCLE~~ **6632 STONEGATE DRIVE**  
**NAPLES FL 34109**

**7. Name and Address of New Registered Agent**  
 Name **Michael A. Bawliello, Jr, PA**  
 Street Address (P.O. Box Number is Not Acceptable) **1025 Fifth Ave North**  
 City **Naples** FL Zip Code **34102**

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 *[Signature]* DATE 3/28/02  
Signature, typed or printed name of registered agent opposite if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SADEZ, EMILIO J</b> <input type="checkbox"/> Delete <del>1916 MANCHESTER CIR.</del> <b>6632 STONEGATE DRIVE</b> <b>NAPLES FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SADEZ, LINDAO L</b> <input type="checkbox"/> Delete <del>1916 MANCHESTER CIR.</del> <b>6632 STONEGATE DRIVE</b> <b>NAPLES FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *[Signature]* **RECEIVED** SADEZ DATE 3/1/02 951 591 1114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)