2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 622498 1. Entity Name 02-21-2002 90056 043 ***150 00 DESIGNERS III, INC. Principal Place of Business Mailing Address 3900 CLARK RD BLDG H-2 3900 CLARK RD BLDG H-2 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1917872 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARCHIONE, SAMUEL ----Street Address (P.O. Box Number is Not Acceptable) 3900 CLARK RD. **BUILDING H-2** SARASOTA FL 33583 City Zip Code FL commits this statement for the purpose of changing, its registered office or registered agent, or both, in the State of Florida. SIGNATURE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete NAME FARCHIONE, SAMUEL 3900 CLARK RD BLDG H-2 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME zava, ferdinand C. STREET ADDRESS STREET ADDRESS 5335 FOX RUN WAY CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl ☐ Addition TITLE Change TITLE TDS ☐ Delete NAME ZAVA, SUSAN NAME STREET ADDRESS STREET ADDRESS 5335 FOX RUN WAY CITY-ST-ZIP CITY-ST-ZIP Sarasota.fl~ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 of justee 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 w

SIGNATURE:

SAIMURL P. FARCHIBARD

BAILOR GUIL- 924-6462

FILED