

**FOR PROFIT CORPORATION
- UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 034 ***150.00

DOCUMENT # F94000002632
1. Entity Name DeMarco Design Service Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9 Carol Ct Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. City & State Palm Coast, FL Zip Country 32137
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4. FEI Number 22-1869617	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMARCO, SALVATORE R 9 CAROL CT. PALM COAST, FL 32137
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

Salvatore R. DeMarco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2006

Date

Daytime Phone #