2002 UNIFORM BUSINESS REPORT (UBR)

Aug 05, 2002 8:00 am Secretary of State **DOCUMENT#** G02232 1. Entity Name 08-05-2002 90005 035 ***150.00 J D I DESIGNS, INC. Principal Place of Business Mailing Address 277 ROYAL POINCIANA WAY 277 ROYAL POINCIANA WAY PALM BEACH FL 33480 PALM BEACH FL 33480 US 2. Principal Place of Business 3. Mailing Address 100 SUNRILL 100 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 3 てレ るみ & State City & State 4.~FEI.Number Applied For 59-2235833 Bencl Not Applicable \$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 BEAGMAN SCHORR, MAX, P.A. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY PACK BLUD PALM PEACH FL 33480 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE: IS-\$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete ☐ Change ☐ Addition WINTER, JUDITH NAME NAME 100 SUNRISE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

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J D I DESIGNS, INC.

100 SUNRISE AVENUE # 322
PALM BEACH, FL 33480

602232

July 26, 2002

Florida Department of State Uniform Business Report Filing P. O. Box 1500 Tallahassee, FL 32302-1500

Re: 2002 UBR

To whom it may concern:

I just received a "second notice" from your office in reference to the Uniform Business Report for 2002. Please be advised that I never received an original notice from you and therefore sent no payment. If you would kindly check your records you will find that since I began business, I have always paid all my fees, taxes, etc. in a timely manner in order to specifically avoid any penalties or extra charges due to late payments.

I have enclosed a check in the amount of \$ 150.00 which is the original amount of the statement which I never received. I hope that under the circumstances you will find this satisfactory and would greatly appreciate your understanding in the matter.

Please be sure to note the address change which I am requesting for all future correspondence.

Thanking you in advance for your help and cooperation in this matter.

Sincerely,

Judith Winter President