

FILED
May 12, 2002 8:00 am
Secretary of State

04-09-2002 90016 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32901

1. Entity Name

DESIGN RESOURCES, OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~2747 ORCHID OAKS DRIVE~~

PO BOX 943

~~1024~~

OSPREY FL 34229-0943

~~SARASOTA FL 34233~~

US

US

2. Principal Place of Business

3. Mailing Address

3718 SANDSPUR LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NOKOMIS, FL

Zip

Country

Zip

Country

34275

4. FEI Number

59-2284939

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

LATTMANN, STEPHEN E MR.

Name

Street Address (P.O. Box Number is Not Acceptable)

~~PO BOX 943~~

3718 SANDSPUR LA

~~OSPREY FL 34229-0943~~

City

NOKOMIS

FL

Zip Code

34275

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, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	LATTMANN, STEPHEN E MR.	
STREET ADDRESS	2747 ORCHID OAKS DRIVE - 1024	
CITY-ST-ZIP	OSPREY FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3718 SANDSPUR LA	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

(941) 918-2129

Daytime Phone #

CR2E034 (9/01)