

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H41374

FILED
Apr 27, 2003
Secretary of State

Entity Name: DESIGNERS - AIDE INC.

Current Principal Place of Business:

13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 334704715 US

New Principal Place of Business:

Current Mailing Address:

13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 334704715 US

New Mailing Address:

FEI Number: 59-2613252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, WILLIAM B
13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 334704715

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIGLER, GARY
Address: 1501 NE 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIGLER, GARY
Address: 1501 NE 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. SIGLER

DP

04/27/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date