**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Jan 27, 2003 8:00 am **Secretary of State** H79201 DOCUMENT # 01-27-2003 90326 021 \*\*\*150.00 1. Entity Name THE DESIGN EDGE, INC. Principal Place of Business Mailing Address 2110 HERSCHEL ST PO BOX 10264 JACKSONVILLE FL 32204 JACKSONVILLE FL 32247-0264 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2580097 Not Applicable Country Zip 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 Same WARD, IRENE B. Street Address (P.O. Box Number is Not Acceptable) 1573 ARCADIA DR. JACKSONVILLE FL 32207 Change to: 8805 Nature View Lane West Jacksonville 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE [X Change Change of address only WARD, IRENE B. NAME NAME STREET ADDRESS 1573 ARCADIA DR. STREET ADDRESS 8805 Nature View Lane West CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32217 TITLE STP ☐ Delete TITLE **★** Change Change of address only NAME WARD, IRENE NAME 8805 Nature View Lane West STREET ADDRESS 1573 ARCADIA DR. STREET ADDRESS 32217 CITY-ST-ZIP Jacksonville, FL CITY-ST-ZIP JACKSONVILLE FL Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change \_\_\_ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Irene By Ward RE SIGNATURE AND TYPED OR PRINTED NAME OF 1-24-2003

Date

(904) 381-9900

Daytime Phone #