


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 044 ***150.00

DOCUMENT # <u>J56977</u>	
1. Entity Name <u>MTM DISTINCTIVE DESIGNS INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7211 WILSON RD</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>WEST PALM BEACH FL.</u>	City & State	4. FEI Number <u>59-2798209</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33413</u>	Country <u>PALM BEACH USA</u>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MICHAEL JAGOSITS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7211 WILSON RD</u>
City <u>WEST PALM BEACH</u>
FL
Zip Code <u>33413</u>

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MICHAEL JAGOSITS</u> <u>7211 WILSON RD</u> <u>WEST PALM BEACH FL 33413</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Michael Jagosits Michael Jagosits 561-688-6288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)