

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90141 027 ***158.75

DOCUMENT # J58876

1. Entity Name

ECO-DESIGN, INC.

Principal Place of Business

Mailing Address

~~393 HIDDEN RIDGE DR.~~ SUITE 1415
 ALTAMONTE SPRINGS FL 32701

~~393 HIDDEN RIDGE DR.~~ SUITE 1415
 ALTAMONTE SPRINGS FL 32701-3444

Street Name changed

Street Name changed

2. Principal Place of Business

3. Mailing Address

393 CenterPointe Cir.

393 Center Pointe Cir.

Suite, Apt. #, etc.
 Suite #1415

Suite, Apt. #, etc.
 Suite #1415

City & State
 Altamonte Springs, FL

City & State
 Altamonte Springs, FL

Zip
 32701

Country
 Seminole

Zip
 32701

Country
 Seminole

4. FEI Number **59-2781742**

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

NIELSEN, STEPHEN A.
465 HIDDEN RIDGE DR.
DELTONA FL 32728

Name

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

City

FL

Zip Code

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, 2000 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 Delete
 NAME **P**
NIELSEN, GERI R.
 STREET ADDRESS **465 HIDDEN RIDGE DR.**
 CITY-ST-ZIP **DELTONA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
~~**BOWWEL, ANNA**~~
 STREET ADDRESS ~~**926 ORANGE DRIVE**~~
 CITY-ST-ZIP ~~**ALTAMONTE SPRINGS FL 32701**~~

TITLE Change Addition
 NAME **S**
Thomas, Anna
 STREET ADDRESS **312 Sterling Rose Court**
 CITY-ST-ZIP **Apopka, FL 32703**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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TITLE Delete
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TITLE Change 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 like empowered.

SIGNATURE:

Gerri Nielsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
 Date

407-260-2697
 Daytime Phone #

910464



DO NOT WRITE IN THIS SPACE