

2002 UNIFORM BUSINESS REPORT (UBR)

0696574 AT

FILED

02 JUL -9 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # J60765

1. Entity Name
THE DESIGN SHOPPE, INC.

Principal Place of Business 1517-A SUN CITY CENTER PLZ/POB 5437 SUN CITY CENTER FL 33573 US	Mailing Address 1517-A SUN CITY CENTER PLZ/POB 5437 SUN CITY CENTER FL 33573 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2771927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOOM, MARTIN D 1517-A SUN CITY CNTR PLZ SUN CITY CENTER FL 33573		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 _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, MARTIN D. 1517-A SUN CITY CNTR PLZ SUN CITY CENTER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900006413259-1 -07/15/02--01083--011 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)

Attachment # 260765

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Gentlemen,

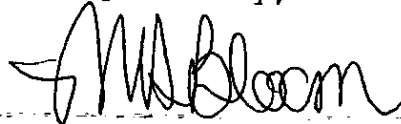
Enclosed is our 2002 Uniform Business Report. We apologize for this report being late.

Our accountant was unable to perform his duties due to a very sudden health situation. During his illness this report was obviously overlooked.

Again, we apologize for this report being late, and hope that since our fifteen years of business in Florida, and all Corporate fees, Income taxes, Unemployment, Tangible and Intangible taxes having been filed on a timely basis, that you will not levy a late fee.

We never intended to avoid paying this fee and thank you in advance for your cooperation and understanding.

Respectfully,

A handwritten signature in dark ink, appearing to read "M. Bloom", written over a horizontal dashed line.

Martin D. Bloom