## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # J74486** DESIGN STUDIO OF SOUTHWEST FLORIDA INC. 01-20-2000 90159 037 \*\*\*150.00 Mailing Address Principal Place of Business 2231 FORREST LANE 2231 FORREST LANE 803564 NAPLES FL 33940 NAPLES FL 34102-7620 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2169051 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- . 6. Name and Address of Current Registered Agent Name FRANCOEUR, PHILIP M. JR Street Address (P.O. Box Number is Not Acceptable) 2231 FORREST LN NAPLES FL 33940 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition **PTSD** ☐ Delete Change TITLE FRANCOEUR, JANE E. NAME NAME STREET ADDRESS 2231 FORREST LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED**