

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90002 029 ***550.00

001854 AV

DOCUMENT # K42119
 1. Entity Name
SOLE DESIGN, INC.

Principal Place of Business Mailing Address
827 N. THORNTON AVENUE **827 N. THORNTON AVENUE**
ORLANDO FL 32803 **ORLANDO FL 32803**
US **US**

2. Principal Place of Business 3. Mailing Address
1041 MARINA CLUB VILLAGE **P.O. Box 27684**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BAYPOINT RESORT

City & State **BEACH PANAMA CITY, FLA.** City & State **PANAMA CITY, FLA.**

Zip **32408** Country **FLA** Zip **32411-7684** Country **FLA**

4. FEI Number **59-2915117** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOLE, P. SUZANNE
1131 BRIERCLIFF DR.
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name **P. Suzanne Selph**
 Street Address (P.O. Box Number is Not Acceptable)
1041 MARINA CLUB VILLAGE DRIVE
BAYPOINT RESORT
 City **Panama City Beach** FL Zip Code **32408**

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 **P. Suzanne Selph** **P. Suzanne SELPH, President** **8/20/01**
Signature, type 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOLE, P. SUZANNE 1131 BRIERCLIFF DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SELPH, P. SUZANNE 1041 MARINA CLUB VILLAGE DRIVE Panama City Beach, Fla 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 **P. Suzanne Selph** **P. Suzanne Selph** **8/20/01** **(850) 230-2555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)