33373	
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DOCUMENT # K44668 1. Entity Name T & D DESIGNS, INC.				Feb 11, 2002 8:00 am Secretary of State 02-11-2002 90031 012 ***150.00				
4949-3 SUNBE JACKSONVILLI US	AM RD , E FL 32257	Mailing Address 4949-3 SUNBEAM RD JACKSONVILLE FL 32257 US					1	
	Place of Business -111 San Jose Blvc #, etc.	3. Mailing Address 12276-111 S Suite, Apt. #, etc.	an Jose	Blvd.	DO NOT WRITE IN THIS S	PACE		
	onville, FL 32223	City & State Jacksonville		223	FEI Number 59-2915702	No	plied For t Applicable	
32223	Country USA	32223	Country USA	5.		\$8.75 Add ee Required		
	6. Name and Address of Current I	Registered Agent		<u>7.</u>	Name and Address of New Registered A	gent		ł
D41/7404	0 051100		Demo	sthene	Pantaras			(
	PANTARAS, DEMOS		Street A	Street Address (P.O. Box Number is Not Acceptable)				İ
	INBEAM ROAD		1227	6 -111 (SankdoseiBlvd.			ł
JACKSON	VILLE FL 32257					•		
	\sim		City		, FL	Zip Code		
O The shave				sonvil	T6	1 322	23	ł
8. The above	named entity submits trils statement for	the purpose of changing its re	egisterea office o	r registered a	gent, or both, in the State of Florida.			
	DAMINO VOTATIONS	Dem	osthene	Panta:	ras 24 January	2002		
SIGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signat					
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		550.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND I	DIRECTORS .	12.	. A[DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11	_
TITLE	DP	☐ Delete	TITLE	Demos	thene Pantaras	Change	☐ Addition	CR2E034 (9/01)
NAME	PANTARAS, DEMOSTHENE		NAME	Presid	dent			9
STREET ADDRESS	4949-3 SUNBEAM ROAD		STREET ADDRESS	12276	-111 San Jose B⊪vd.			8
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacks	onville, FL 32223			띯
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NAME			NAME	I				i

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 trusted 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

🗏 🗎 Demosthene Pantaras

☐ Delete

(904)443-0006

☐ Change

Addition