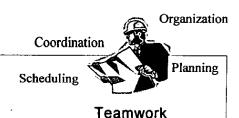
## **2002 UNIFORM BUSINESS REPORT (UBR)**

<del></del>					1200			Ç
DOCUMENT # L34091  1. Entity Name  AIR DESIGN, INC.				FILED				8
				02 OCT 21 PM 12: 43				
	<u> </u>			SECRETARY TALLAHASSE	_OF STATE			
Principal Place of Business 815 S. DEERWOOD AVE ORLANDO FL 32825 US		Mailing Address 815 S. DEERWOOD AVE ORLANDO FL 32825 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-29	991854	<del></del>	Applied For lot Applicable	]
Zip Country		Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Re	egistered Agent	NIa	7. Name and Address	of New Registered	•		1
BECKER, DEBRA								
815 S. DEERWOOD AVE			Street Address (	P.O. Box Number is Not Ad	cceptable)			
ORLANDO	O FL 32825		0.5		· 			
			City		F	_		
the obligat	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and					n familiar with	, and accept	
	Signature, typed or printed name of registered agent and		tered Agent signature required	when reinstating)	DATE			4
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 13, 2002 Fee will be \$750.  Make Check Payable to Department of Sta						Į.
11.	OFFICERS AND DI	RECTORS 1	2.	ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTOR	RS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 S. DEERWOOD AVE		ITTLE IAME STREET ADDRESS CITY-ST-ZIP	Change Addition 600008566296 10/24/0201040013 **150.00				R2E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.	ITLE IAME TREET ADDRESS ITY-ST-ZIP	,		☐ Change	☐ Addition	
TITLE : NAME STREET ADDRESS : CITY-ST-ZIP		N : S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	,,,,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition	
of the core	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ie and accurate and that my sign ered to execute this report as rec	nature chall have the c	ama lagal affect as if made	under eeth, that I	am an afficar	or director	

SIGNATURE:



## THE ABBOTT CONSULTING GROUP, INC.



October 18, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Reference:

The Abbott Consulting Group, Inc.

Document # P01000097610

2002 Uniform Business Report (UBR)

## Gentlemen:

Attached is the 2002 UBR for The Abbott Consulting Group along with the original filing fee of \$150.00.

Unfortunately, we are very late submitting and late fees totaling \$600.00 are accessed to the original filing fee of \$150.00. Upon review of the FREQUENTLY ASKED QUESTIONS, it appears the late fee may be waived if the prior notice was not receive and an officer of the corporation requests the waiver in writing.

My corporation is an Sub-Chapter S with no additional employees except the undersigned. I have been working on projects out of the area, including the caribbean ,with infrequent and very short visits back to my family. This document appears to have been received during my absent, but was not adequately sorted to my office for my review and timely action. I am embarrassed.

Please advise me how I can resolve this issue. Thank you for your help and understanding.

-Sincerely,

øseph W. Abbott, P.E.

Principal