2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State L40283 DOCUMENT # 1. Entity Name 02-05-2002 90030 019 ***150.00 SOLID/SURFACE DESIGNS, INC. Mailing Address Principal Place of Business 1813, SW, MACEDO BLVD. 1813, SW. MACEDO BLVD. PORT ST-LUCIE FL 34984 PORT ST. LUCIE FL 34984 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 66-0401927 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gorney, Saraing, **GORNEY, SANDRA** 176 SE OSPrey Rids Street Address (P.O. Box Number is Not Acceptable) 349 SW FAIRWAY PORT ST LUCIE FL 34984 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. Vice President ☐ Change TITLE TITLE ☐ Delete niose Clearmon NAME GORNEY, ANTHONY NAME 349 SW FAIRWAY STREET ADDRESS STREET ADDRESS 75L ITIG 34983 PORT ST LUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIP vice President ☐ Change ST ☐ Delete TITLE JOSEPH-Delano_ NAME _ GORNEY. SANDRA STREET ADDRESS 337 SE FISK ROI. STREET ADDRESS 349 SW FAIRWAY AVE CITY-ST-ZIP Port S. Wcie, DG. 34974 CITY-ST-ZIP PORT ST LUCIE FL 34983 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME

13. Thereby 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.

STREET ADDRESS

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STREET ADDRESS, TELLER STEELS

, Date

FILED

Daytime Phone #