## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L43589

FILED Apr 28, 2003 Secretary of State

Entity Name: MICA DESIGNS OF MARION COUNTY INC.

Current P	rincipal Plac	e of Bu	ısiness:	New Principal Place	ce of Business:
1500 NE 3 JNIT A-4 SILVER SI	5 ST PRINGS, FL:	34479	US		
	lailing Addre			New Mailing Addre	ess:
1500 NE 3 JNIT A-4 BILVER SI	5 ST PRINGS, FL :	34479	US		
El Number	: 59-2988985	FEIN	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of	Curren	t Registered Agent:	Name and Address	s of New Registered Agent:
689 SE 3		(			
OCALA, F	L 326/1				
he above		submit	s this statement for the	purpose of changing its registe	red office or registered agent, or both,
he above	named entity of Florida.	submit	s this statement for the	purpose of changing its registe	red office or registered agent, or both,
he above the State	named entity e of Florida. RE:		s this statement for the nature of Registered Ag		red office or registered agent, or both,  Date
The above in the State	named entity e of Florida. RE: Electro	nic Sigi			
The above the State SIGNATUI	named entity e of Florida. RE: Electro	nic Sigi	nature of Registered Ag	gent	
The above the State SIGNATUI	named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	nic Siging Trust CTORS ) Delete	nature of Registered Ag Fund Contribution ( ). :	gent	Date
The above the State of the Stat	e named entity e of Florida.  RE: Electro  mpaign Financir S AND DIRECT  PD ( SCHUBERT, A 4689 S.E. 33F OCALA, FL	nic Signing Trust CTORS ) Delete NTHONY RD AVE ) Delete IONICA,	nature of Registered Ag Fund Contribution ( ). :	ent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY C SCHUBERT PD 04/28/2003