Mailing Address

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DOCUMENT # 1. Entity Name P.A.G. DESIGN, INC.	L82789	

Principal Place of Business

CITY-ST-ZIP

FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90120 012 ***150.00

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2. Principal P			3. Mailing	_										
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327	78	LAKE	327	178		İKE	ļ	5. Certifica	te of Statu	s Desire	ed [e Require	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
						Name	RING	. יים	L A.					
GRING, P.					ŀ		ddress (P	.Ó. Box Num	ber is Not					
	ERGATE CO	URT		•	-	3.	3 <i>70</i>	<u>\$t.</u>	Luci	<u>q_</u>	<u>Ct.</u>			
DEBARY I	FL 32713					TA	IVARE	£ S						
						City						FL	Zip Cod	
8. The above	named entity	submits this statement f	or the purpose i	of changing its	registere	d office or	registere	ed agent or h	oth in the	State o	f Florida		<mark>3aフ</mark> niliar with	
	tions of registe		or the purpose t	or ondriging no	registere	0 011100 01	rogiatoro	a agom, or a		Oldio C	i i ionaa.	T GITT TOI	Tillian Trian,	and docopt
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title it applicable	. (NOTE	E: Registered	Agent signat	ure required v	when reinstating)	_			DATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of		**					Election Ca Trust Fund			g 🗆		00 May Be
10.		OFFICERS AND			11.			ADDITION	S/CHANC	EC TO	OEEICER	e AND E	TOECTOD	© INI 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

05/03

-352-343-3181