

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90019 046 ****50.00

DOCUMENT # M01000002105

1. Entity Name
CENTER DESIGNS, LLC

Principal Place of Business
 2101 WEST S.R. 434, SUITE 105
 LONGWOOD FL 32779

Mailing Address
 2101 WEST S.R. 434, SUITE 105
 LONGWOOD FL 32779

86264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 58-2488833

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, WILLIAM H ESQUIRE
 BALDWIN & MORRISON, P.A.
 7100 SOUTH U.S. HIGHWAY 17-92
 FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM**
 NAME: **ABRUZZINO, WILLIAM** Delete
 STREET ADDRESS: **PO BOX 952798**
 CITY-ST-ZIP: **LAKE MARY FL 32795**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **MGRM**
 NAME: **ABRUZZINO, REBECCA** Delete
 STREET ADDRESS: **PO BOX 952798**
 CITY-ST-ZIP: **LAKE MARY FL 32795**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
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 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William A Abruzzino* **WILLIAM A ABRUZZINO**

Date: **4/07/02**
 Daytime Phone #: **407-869-6904**

CR2E083 (9/01)