

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 030 ***150.00

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DOCUMENT # P00000001069

1. Entity Name
DEWBERRY DESIGNS, INC.



Principal Place of Business
**811 E. HIGHLAND DR.
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**811 E. HIGHLAND DR.
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business
124 ROBIN RD

3. Mailing Address
124 ROBIN RD

Suite, Apt. #, etc.
1700

Suite, Apt. #, etc.
1700

☒ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

4. FEI Number **58-2517228**

Applied For
Not Applicable

Zip
32701

Country
USA

Zip
32701

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATT, JAMES R
369 NORTH NEW YORK AVE., 3RD FLOOR
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEWBERRY, MARC 811 E. HIGHLAND DR. ALTAMONTE SPRINGS FL 32701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEWBERRY, DONNA 811 E. HIGHLAND DR. ALTAMONTE SPRINGS FL 32701 | <input type="checkbox"/> Delete |
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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.

SIGNATURE:

Marc Dewberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2903

407-339-0239

Date

Daytime Phone #

CR2E034 (10/02)