2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-05-2001 90024 041 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000019214

1. Entity Name
MY HOUSE DESIGN, INC.

Principal Place of Business	Mailing Address
2018 STILLWOOD PLACE WINDERMERE FL 34786	2018 STILLWOOD PLACE WINDERMERE FL 34786

2. Principal Place of Business	3. Mailing Address
6387 W. COLONIAL DR.	6387 W. COLONIAL DR.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32818 Country: ORANGE	Zip: 32818 Country: ORANGE

4. FEI Number 593627773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
POHL & SHORT, P.A.
280 W. CANTON AVE., STE. 410
WINTER PARK FL 32789

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSEN, DAN 2018 STILLWOOD PLACE WINDERMERE FL 34786 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAN JACOBSEN 3812 SHADOWIND WAY GOTHA, FL 34734 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSEN, INGOLF 2018 STILLWOOD PLACE WINDERMERE FL 34786 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAN JACOBSEN 5/7/2001 4072946080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #