## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020881 1. Entity Name AE DESIGN GROUP, INC. Principal Place of Business Mailing Address 47<del>-South Palm av</del>enue SUITE 210 SUITE 210 SARASOTA FL 34236 SARASOTA FL 34236 -2. Principal Place of Business Point Ro 960 Stickney Suite, Apt. #, etc Suite, Apt. #, etc. 210 210 City & State City & State Sarasata Country 34231 34231 USA 6. Name and Address of Current Registered Agent EGGEBRECTH, ANDREW D

47 SOUTH PALM AVENUE-

8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida

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

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

47 SOUTH PALM AVENUE

SARASOTA FL 34236

SUITE 210

SIGNATURE

FILE NOW !! FEE IS \$150.00 After MAY 1, 2( )1 Fee will be \$550.00 Make Check Payal le to Department of State

OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete EGGEBRECTH, ANDREW D NAME NAME STREET ADDRESS STREET ADDRESS 47 SOUTH PALM AVENUE CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34236 TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in true and actifate 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 of powered 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 ther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Daytime Phone #

CORPORATE DETAIL RECORD SCREEN

NUM: P00000020881 ST:FL ACTIVE/FL PROFIT FLD: 02/29/2000

: AE DESIGN GROUP, INC.

ADDRESS

PRINCIPAL: 47 SOUTH PALM AVENUE

SUITE 210

SARASOTA, FL 34236

RA NAME : EGGEBRECTH, ANDREW D RA ADDR : 47 SOUTH PALM AVENUE

SUITE 210

SARASOTA, FL 34236

ANN REP : \* NONE FILED \*

attachment 

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

9:47 AM