2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000030800 EM & J DESIGN, INC. Principal Place of Business Mailing Address 3640 INVESTMENT LANE 3640 INVESTMENT LANE SUITE 26 SUITE 26 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip -6.2Name and Address of Current Registered Agent Name COLLINS, JAMES Street Address (P.O. Box Number is Not Acceptable) 3640 INVESTMENT LANE SUITE 26 RIVIERA BEACH FL 33404 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, typed or printed name of registered agent and title if applicable.

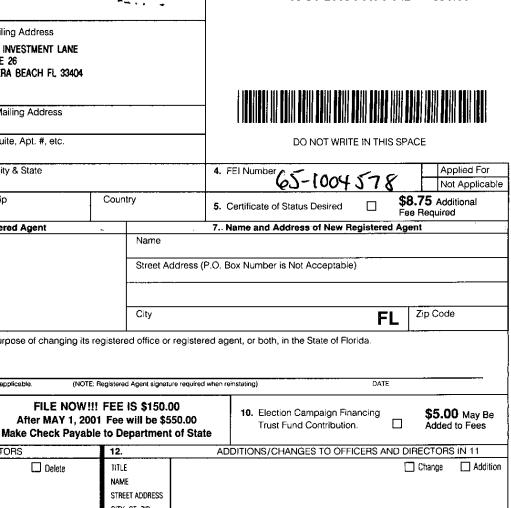
9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90096 042 ***150.00



11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLINS, JAMES 3640 INVESTMENT LANE RIVIERA BEACH FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSALES, EMILY 3640 INVESTMENT LANE RIVIERA BEACH FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.□_Delete	TITLE	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

indicated on this report or supplied with this himly does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. Fluther certify that the inimidicated on this report or supplied and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 Blook 1 or changed, or on an attachment with an address, with at other life suppowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR