2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P00000031944 **DOCUMENT #**

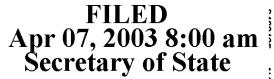
1. Entity Name DESIGN CENTER, INC.



Principal Place of Business

Mailing Address

14004 MODELL ELODIDA AVENILE



04-07-2003 90162 017 ***150.00

TAMPA FL 336	PLOHIDA AVENUE		NORTH FLORIDA AV	ENUE					
2. Principal Place of Business		3. Maili	3. Mailing Address			18911881 1 8111 881	!! 		
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State City & State			& State	4.		FEI Number 59-3639493		_ 	plied For t Applicable
Zip Country Zip				Country	5. (gertificate of Status D		\$8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
GIORDANO, JOHN N 220 S FRANKLIN STREET					Name Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602				City				Zip Code	`.,
						,	FI	-	
	named entity submits this state ions of registered agent.	ement for the purpo	ose of changing its r	registered office or	registered ago	ent, or both, in the St	ate of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of register	ered agent and title if appl	icable. (NOTE:	Registered Agent signatu	re required when re	instating)	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 \$5.00 May Be Trust Fund Contribution.				
10.	OFFICE	RS AND DIRECTOR	RS	11.		DITIONS/CHANGES	TO OFFICERS AN		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURST, D. SCOTT 6111 CHENE CT LUTZ FL 33549		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Hurst 19001 Odes	D. Scott Deer Poir Sa, FL.	+ PL. 33556	Change	☐ Addition
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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:

513-961-8261