

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90142 001 \*\*\*150.00

**DOCUMENT # P00000045168**

1. Entity Name  
**NATIONAL DESIGN CONSULTANTS, INC.**



Principal Place of Business  
**1724 SW 51ST TERR  
CAPE CORAL FL 33914  
US**

Mailing Address  
**P O BOX 150298  
CAPE CORAL FL 33915  
US**



2. Principal Place of Business  
**528 SW 57TH ST**

3. Mailing Address  
  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL, FL**

City & State

4. FEI Number **65-1006445**

Applied For  
Not Applicable

Zip  
**33914**

Country  
**USA**

Zip

Country

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

**WILKINSON, WILLIAM D JR.  
1724 SW 51ST TERRACE  
CAPE CORAL FL 33914**

Name

Street Address (P.O. Box Number is Not Acceptable)

**528 SW 57TH STREET**

City

**CAPE CORAL**

FL

Zip Code

**33914**

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 **PD** ☐ Delete  
NAME **WILKINSON, WILLIAM D JR.**  
STREET ADDRESS **1724 SW 51ST TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **PD** ☒ Change ☐ Addition  
NAME **WILKINSON, WILLIAM D JR.**  
STREET ADDRESS **528 SW 57TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VP** ☐ Delete  
NAME **WILKINSON, STACY**  
STREET ADDRESS **1724 SW 51ST TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VP** ☒ Change ☐ Addition  
NAME **WILKINSON, STACY**  
STREET ADDRESS **528 SW 57TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **WILLIAM D. WILKINSON JR.**  
**SIGNATURE REQUIRED**

**3-13-03**

**239-229-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)