**FILED** 

COSENTINO

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am § Secretary of State P00000063280 DOCUMENT # 1. Entity Name SOUTHERN DESIGN SERVICE, INC. 05-03-2002 90039 007 \*\*\*150 00 Principal Place of Business Mailing Address O/O STEPHEN G. WILLIAMS -C/O-STEPHEN G. WILLIAMS 2050 NE 52ND ST. -2650 NE 52ND ST.-LIGHTHOUSE POINT-FL 32064-7052 - LICHTHOUSE POINT FL 30064-7062 2. Principal Place of Business 3. Mailing Address 42 KENSINGTON 42 KENSINGTON LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2973262 BOYNTON BEACH BOYNTON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired LI S A 33426 USA Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent COSENTINO, RICHARD Street Address (P.O. Box Number is Not Acceptable) **42 KENSINGTON LANE BOYNTON BEACH FL 33426** City Zio Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTSD ☐ Delete TITLE Change Addition COSENTINO, RICHARD NAME NAME STREET ADDRESS 500 N. CONGRESS AVE. #D-309-KENSINGTON LANE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP BOYNTON BFACH 33426 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - ---- ☐ Delete TITLE - -- Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appearance with all other like empowered. \*\*RICHARD COSENTING PRESIDENT\*\*

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