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

## **DOCUMENT #**

P00000064681



**FILED** Apr 14, 2003 8:00 am Secretary of State

NAME SÉLESY, DEBRA A STREET ADDRESS CITY-ST-ZIP CLÉARWATER FL 33762 P CLÉARWATER FL 3376	1. Entity Nam	DESIGN, INC.					04-14-2003 90734	046 ***15¢	0.00	
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  City & State  City & State  City & State  4. FEI Number 59-3680792  Applied For Net Applied	318 MADERIA	CIRCLE	318 MADERIA CIRCLE	5	,		. 1001/1081   111 001/11 001/11 001/11 001/11 001/11 001/11 001/11			
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address				1 1881/1861   111 BEHA COAL BEHA BEHA BEHAL BEAL BAKA	anin anan anan i		
SP-9680/92   Not Applicable   SP-9680/92   Not Applicable   Sp-76-Addisonal   Foo Population   Foo Populat	Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES			
SELESY, DEBRA A 2450 HERON TERRACE D-202 CLEARWATER FL 33762  SIGNATURE  SIGNATURE  SOUND SHEED STORM STEEL OF SHEED STORM SHEED STORM SHEED SHE	City & State City & State						4. FEI Number 59-3660792	<u> </u>	<del>`</del>	]
SELESY, DEBRA 2450 HERON TERRACE D-202 CLEARWATER FL 33762  CINCULAR VERDE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is N	Zip		a Zipa grantenia	Coun	try		5. Certificate of Status Desired			
SELESY, DEBRA A 2450 HERON TERRACE D-202 CLEARWATER FL 33762  8The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent		<ol><li>Name and Addres</li></ol>	s of Current Registered Agent				7. Name and Address of New Registered	Agent		]
B. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the objections of registered agent.    PERSA A. TOWNSHEND   Control forms of implanted agent and first if application.   OPDITE Registered Agent algorithm required when immuning   DATE	2450 HER			DE1 Street Ad 318	ddress (F	P.O. Box Number is Not Acceptable) ADEIRA CIRCLE	Zin Cod			
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A	10.	• *** OF	FICERS AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	1
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12   hereby cartify that the information cumplied with this filling does not qualify for the examption stated in Section 119.07(3VI). Floride Statutes, Lifetime cartify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAMI STRE CITY	E Et address -st-zip			Change	☐ Addition	

Thereby dentity that the minormation supplied with this report or supplied with this report of supplied with this report of supplied with the information indicated on this report or suppliemental 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:**