2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # P00000068489 1. Entity Name 05-27-2002 90334 011 ***150.00 DUSSICH DESIGN CONSULTANTS, INC. Principal Place of Business Mailing Address 330 MYRTICE AVE. SUITE 91 330 MYRTICE AVE. SUITE 91 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2516604 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. -7.-Name and Address of New Registered Agent Name DUSSICH, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2530 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 City Zip 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 SIG. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME DUSSICH, JAN M NAME STREET ADDRESS 128 MATANZEE RD. STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE Delete TITLE Change __ Addition NAME BEVEAQUE, PAUL A NAME STREET ADDRESS 1530 TUNA ST. STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP TITLE--- · Delete · --TITLE" Change Addition NAME DUSSICH, GEORGE V.A. STREET ADDRESS 2530 SYKES CREEK DR. STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

SIGNATURE:

CHATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED