FILED
Jun 25, 2003 8:00 am
Secretary of State
05-21-2003 90193 030 ***150.00

5/21/2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000071958

1. Entity Name
DESIGN SERVICES GROUP, INC

55049737

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2302 CATTLEMAN DR	2302 CATTLEMAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BRANDON FL	BRANDON FL
City & State	City & State
Zip 33511 County HILLSBOROUGH	Zip 33511 County HILLSBOROUGH

4. FEI Number 59-3673652 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name: JOHN D. GLORIOSO

Street Address (P.O. Box Number is Not Acceptable): 2302 CATTLEMAN DR. 6-5-03

City: BRANDON FL Zip Code: 33511

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 _____ DATE

Fee: If filed January 1st thru May 1st Fee is $150.00 / If after May 1st Fee is $550.00 / Amended UBR is $61.25 / 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN D. GLORIOSO PRESIDENT 2302 CATTLEMAN DR. BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. GLORIOSO 5-17-03 813-657-5594

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

59-3673652