



	DO NOT WRITE IN THIS SPACE						MASSELLATIO	JINDA	
	Principal Place of Business 21 NW 70TH AVE. 3. Mailing Address 4421 NW 70TH AV				- <u></u>				
	Suite, Apt. #, etc.  Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE $03$		
	City & State AUDERHILL, FLORIDA  City & State LAUDERH			ILL, FLORIDA		4. FEI Number	4. FEI Number 65-1052801 Applied Fo		
	Zip Country 3319 USA		Zip 33319	Zip Country		5. Certificate of	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
			, , , , , , , , , , , , , , , , , , , ,		1	7. Name and Add	ress of Current Regi	stered Agent	
	DO NOT WRITE IN THIS SPACE				Name DWYER, JULIAN Street Address (P.O. Box Number is Not Acceptable)				
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					4421 NW 70TH AVE.				
					City LAUDERHILL FL Zio Code 33319			319	
	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.								
SI	JULIAN DWYER, PRESIDENT 09/15/03								
Signature typed through area or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00									
M	Afte An	or May 1, Fee is \$550.00 nended UBR is \$61.25 rable to Florida Departm				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10	·		RS AND DIRECTORS						
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12. Thereby certify that the information supplied with this filling 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 fat other like empowered.

**SIGNATURE:** 

PRESIDENT

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/03

Daytime Phone #

CKZE034B (12/0



Joel Friend & Associates, Inc.

September 13, 2003

Reinstatement Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

THE DWYER DESIGN GROUP, INC.

Charter# P00000086564

To Whom It May Concern:

On behalf of the taxpayer, I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. I recently informed the taxpayer of their failure to file the 2003 Uniform Business Report. My client (the taxpayer) informed me that they have no recollection of any prior notification regarding this annual filing. The taxpayer has also been under tremendous stress due to extenuating personal circumstances and thus matters surrounding his business may have been overlooked. Now that the taxpayer is aware of this annual filing, the taxpayer will most certainly file this report on a timely basis.

Enclosed you will find the taxpayer's payment of \$158.75 for the 2003 Annual Report. Under these circumstances, I once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

Very traly yours,

Joel Friend

Joel Friend & Associates, Inc.