

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90173 005 ***150.00

DOCUMENT # P00000097678

1. Entity Name
SULTANA DESIGN GROUP, INC.



Principal Place of Business
**2916 MARSHALL DR
SARASOTA FL 34239-5436**

Mailing Address
**2916 MARSHALL DR
SARASOTA FL 34239-5436**

2. Principal Place of Business

687 JUNGLE QUEEN WAY

Suite, Apt. #, etc.

3. Mailing Address

687 JUNGLE QUEEN WAY

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LONG BOAT KEY FL

Zip
34228

Country
MANATEE

City & State
LONG BOAT KEY FL

Zip
34228

Country
MANATEE

4. FEI Number **65-1049235**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SULTANA, MARK
2916 MARSHALL DR
SARASOTA FL 34239-5436**

7. Name and Address of New Registered Agent

Name **SULTANA, MARK**
Street Address (P.O. Box Number is Not Acceptable)
687 JUNGLE QUEEN WAY
City **LONG BOAT KEY FL** Zip Code **34228**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **SULTANA, MARK**
STREET ADDRESS **2916 MARSHALL DR**
CITY-ST-ZIP **SARASOTA FL 34239-5436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SULTANA, MARK**
STREET ADDRESS **687 JUNGLE QUEEN WAY**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 941-920-2530
Date Daytime Phone #

CR2E034 (10/02)