

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90132 008 \*\*\*158.75

**DOCUMENT # P00000115943**

1. Entity Name  
**GARRISON DESIGN & INNOVATION, INC.**

Principal Place of Business  
**123 YACHT CLUB WAY, SUITE 101**  
**HYPOLUXO FL 33462**

Mailing Address  
**P. O. BOX 540337**  
**HYPOLUXO FL 33462**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**123 Yacht Club Way**  
 Suite, Apt. #, etc.  
**SUITE 101**

3. Mailing Address  
**Po Box 540337**  
 Suite, Apt. #, etc.

City & State  
**Hypoluxo, FL**  
 Zip  
**33462** Country  
**U.S.**

City & State  
**LAKE WORTH, FL 33454**  
 Zip  
**33454** Country  
**U.S.**

4. FEI Number  
**05-1060605** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JUMPINGJAXTAX.COM, INC.**  
**1940 HARRISON ST., SUITE 200-B**  
**HOLLYWOOD FL 33020-5072**

7. Name and Address of New Registered Agent  
 Name **MICHAEL S. GARRISON**  
 Street Address (P.O. Box Number if Not Acceptable)  
**123 YACHT CLUB WAY #101**  
 City **Hypoluxo** State **FL** Zip Code **33462**

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.  
 SIGNATURE **Michael S. Garrison** DATE **04/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARRISON, MICHAEL</b> <b>123 YACHT CLUB WAY, SUITE 101</b> <b>HYPOLUXO FL 33462</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL S. GARRISON** DATE **04/10/01** DAYTIME PHONE # **561-719-6755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)