## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90445 021 \*\*\*150 00

UNIFORM DOG!			05-27-2002	90445 021 ***150.00	
DOCUMENT # POIO 1. Entity Name Stack Design	000 <u>41628</u> gn, Inc.				
DO NOT WRI	TE IN THIS SI	PACE			
DO NOT WA			,		
2. Principal Place of Business 2116 W. Kentucky Ave. 2116 W. Kentucky Ave. Suite, Apt. #, etc.		entucky Ave	DO NOT WRITE IN T		
City & State	City & State	1	4. FEI Number	Applied For  Not Applicable	
Tampa FI	Jampu Jt	Country.	Co Davied [7]	<b>\$8.75</b> Additional	
336007 Country A	33607	CountrySA	5. Certificate of Status Desired L	Fee Required	
33001 1 391		Name ()	7. Name and Address of Current Regis	tered Agent	
DO NOT	WRITE	Street Address	(P.O. Box Number is Not Acceptable)	Ive.	
IN THIS		2110	e W Kernachy	1 100	
11		city TOLO	10a	FL Zip Code CODT	
8. The above named entity submits this staten	port for the purpose of changing if	NAN 200 00000000000000000000000000000000	1		
8. The above named entity submits this states	10 L	<b>,</b>	· ·	16/02	
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. (NC	TE: Registered Agent signature requi		DVIE ,	
9. This corporation is eligible to satisfy its Inta Fax filing requirement and elects to do so.  :. (See criteria on back)	After Ma	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.28 able to Department of S	<b>10.</b> Election Campaign Financir Trust Fund Contribution. <b>tate</b>	ng \$5.00 May Be Added to Fees	
11. OFFICER	S AND DIRECTORS				
TITLE President		TITLE NAME			
NAME STACK, Brandee STREET ADDRESS 2116 W. Kentu	cky Ave.	STREET ADDRESS			
CITY-ST-ZIP Tampa, Fl.	33607	CTY: SI-ZIP			
TITLE		TITLE:			
NAME STREET ADDRESS		STREET ACCORESS			
CITY-ST-ZIP		CRY-ST-ZIP			
TITLE		TITLE NAME			
NAME STREET ADDRESS		STREET ADDRESS	DO NOT W	/RITE	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE NAME	IN THIS SF	'ACE	
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		Crty-St-ZiP			
TITLE		TITLE NAME			
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CHY-ST-ZIP			
TITLE		THE			
NAME		NAME Street Address			
STREET ADDRESS CITY-ST-ZIP		CSTY-ST-ZIP			
13. Thereby certify that the information supp	olied with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes, I fur	ther certify that the information that I am an officer or director	
13. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or trust.	report is true and accurate and the stee empowered to execute this re	at my signature snair nave t eport as required by Chapti	er 607, Florida Statutes; and that my name	appears in Block 11 or on an	
attachment with an address, with all other	er like empowered.				

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR