

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91287 015 \*\*\*150.00

0034663 AV

**DOCUMENT # P01000059546**

1. Entity Name  
**H & E DESIGN, INC.**



Principal Place of Business  
**2147 EUCLID ST.  
JACKSONVILLE FL 32210**

Mailing Address  
**P.O. BOX 7279  
JACKSONVILLE FL 32238**

2. Principal Place of Business  
**4515 Lexington Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4515 Lexington Ave.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE**

4. FEI Number  
**59-3926193**

Applied For  
Not Applicable

Zip  
**32210**

Country  
**FLORIDA**

Zip  
**32210**

Country  
**FLORIDA**

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

**6. Name and Address of Current Registered Agent**

**RYKERT, ELLEN S  
2147 EUCLID ST.  
JACKSONVILLE FL 32210**

**7. Name and Address of New Registered Agent**

Name **Rykert, Ellen S.**  
Street Address (P.O. Box Number is Not Acceptable) **4515 Lexington Ave.**  
City **JACKSONVILLE** **FL** Zip Code **32210**

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 **Ellen S. Rykert** **Ellen S. Rykert** **4/26/03**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RYKERT, ELLEN S</b>	
STREET ADDRESS	<b>P.O. BOX 7279 - 4515 Lexington Ave.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32238 - 32210</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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** **4/26/03** **904-388-3260**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)