


**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90119 026 \*\*\*150.00

<b>DOCUMENT #</b> <b>P01000060054</b>			
<b>1. Entity Name</b> <b>DESIGN OUTSIDE THE BOX, INC.</b>			
<b>Principal Place of Business</b> <b>3510 21ST AVE. S.W.</b> <b>NAPLES FL 34117</b>		<b>Mailing Address</b> <b>3510 21ST AVE. S.W.</b> <b>NAPLES FL 34117</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>SELCK, THOMAS E</b> <b>3510 21ST AVE. S.W.</b> <b>NAPLES FL 34117</b>			Name
			Street Address ( )
			City
<b>6. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SELCK, THOMAS E</b> <b>3510 21ST AVE. S.W.</b> <b>NAPLES FL 34117</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2F034 (10/02)