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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000071943 **DOCUMENT #**



Zip Country Zip Country 5. Certificate of Status Desired Status De	1. Entity Name DESIGN CONSULTANTS INC.					04-28-2003 90447 029 ***150.00		
Suite, Apt. #, etc. City & State	2141 SHADY	OAKS DR.	2	2141 SHADY OAKS DR.				
City & State Country S. Certificate of Status Desired S. R.75 Addition Fise Required Name CARLBERG, DAVID É 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is No	2. Principal Place of Business			Mailing Address				
Zip Country Zip Country 5, Certificate of Status Desired Status De	Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name CARLBERG, DAVID E 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 City City FL City City FL City F	City & State			City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable		
CARLBERG, DAVID É 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 City City FL Zip Code 6. 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 a three obligations of registered agent. SIGNATURE Signature, Speed or printer name of jegastered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: TITLE CARLBERG, DAVID E 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP CARLBERG, ROBIN W 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP CARLBERG, AMBER M. SIRECT ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP CARLBERG, AMBER M. SIRECT ADDRESS CITY-ST-ZIP CARLBERG, AMBER M. CARLBERG, AMBER M. SIRECT ADDRESS CITY-ST-ZIP CARLBERG, AMBER M. CARLBERG, AMBER M. SIRECT ADDRESS CITY-ST-ZIP CARLBERG, AMBER M. CARLBERG, AMBER M. SIRECT ADDRESS CITY-ST-ZIP CHANGE CHANG	Zip Country			Zip	Country	5 Certificate of Status Desired 11 4010 Additional		
CARLBERG, DAVID E 2141 SHADY OAKS DR. TALLAHASSEE FL 32303 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida agent. SIGNATURE SIGNATURE SIFILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.0	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or privated name of injustered agent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or privated name of injustered agent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or privated name of injustered agent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or privated name of injustered agent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or privated name of injustered agent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or private degent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE Signature, typed or private degent and stell if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE					Street Address			
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Agnature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607;[Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report of supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #