2002 UNIFORM BUSINESS REPORT (UBR)

Mar 04, 2002 8:00 am § Secretary of State DOCUMENT # P01000089322 1. Entity Name FIREPLACE DESIGNS, INC. 03-04-2002 90037 045 ***150.00 Principal Place of Business Mailing Address 250 JASMINE ROAD 250 JASMINE ROAD CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK COLD, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE FL 32202 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) Delete Change Addition NAME **BURD, TERRY** NAME STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BURD, JESSE** NAME STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME **BURD, CAROLINE** NAME STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS CITY-ST-ZIP Casselberry FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CADENA, TERESA NAME STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an andress, with all

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