

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 OCT -7 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008307281--8
-10/10/02--01053--015
***550.00 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000091921
1. Entity Name
SATORI DESIGNS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4707 NW 119TH AVE
Suite, Apt. #, etc.

3. Mailing Address
4707 NW 119TH AVE
Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33076 Country
U.S.A. Zip
33076 Country
U.S.A.

FFL Number
65-1138075

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CAROL SHEPPARD

Street Address (P.O. Box Number is Not Acceptable)
4707 NW 119TH AVE

City CORAL SPRINGS FL Zip Code 33076

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT CAROL N. SHEPPARD 4707 NW 119TH AVE CORAL SPRINGS FL 33076</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT TODD SHEPPARD 4707 NW 119TH AVE CORAL SPRINGS FL 33076</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: CAROL SHEPPARD 10-2-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 954-605-0341

CR2E034B (12/01)