2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT#** P01000105503 04-10-2002 90665 008 ***158.75 1. Entity Name DESIGN IMPRESSIONS GALLERY, INC. Principal Place of Business Mailing Address B0064193- - -2706 GOODWOOD COURT 2706 GOODWOOD COURT SARASOTA FL 34235 SARASOTA FL 34235 2. Principal Place of Busines 3. Mailing Address 32 So.16 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For XXX Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEIER, CAROL Street Address (P.O. Box Number is Not Acceptable) 2706 GOODWOOD COURT SARASOTA FL 34235 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, typed or printed name of registered agent and title if applicable. (NOTE: Pepistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWILL 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME MEIER, CAROL NAME **CR2E034** STREET ADDRESS 2706 GOODWOOD COURT STREET ADDRESS SARASOTA FL 34235 City-St-ZiP CITY-ST-2IP TITLE TITLE Addition ☐ Delete [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Naur STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Addition TITLE DILE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-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

FILED