

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90717 032 ***150.00

DOCUMENT # P01000106179

1. Entity Name
HOSPITALITY DESIGN SOURCE, INC.



Principal Place of Business
**13831 S.W. 59TH STREET
SUITE # 207
MIAMI FL 33183**

Mailing Address
**13831 S.W. 59TH STREET
SUITE # 207
MIAMI FL 33183**



2. Principal Place of Business
238 N. Westmonte Dr.

Suite, Apt. #, etc.
285

City & State

Altamonte Springs Fl.

Zip
32714

Country
USA

3. Mailing Address
238 N. Westmonte Dr.

Suite, Apt. #, etc.
285

City & State

Altamonte Springs Fl.

Zip
32714

Country
USA

4. FEI Number
65-1155930

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARBER, RICHARD A
13831 S.W. 59TH STREET
SUITE # 207
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **Richard A. Barber CPA**
Street Address (P.O. Box Number is Not Acceptable)
238 N. Westmonte Dr. #285
City **Altamonte Springs FL** Zip Code **32714**

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. I am familiar with, and accept the obligations of registered agent.

**Richard A. Barber, C.P.A., P.A.
238 N. Westmonte Dr, #285
Altamonte Springs, FL 32714**

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHOCKLEY, STAN**
STREET ADDRESS **13831 S.W. 59TH STREET**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SHOCKLEY, STAN**
STREET ADDRESS **7003 N. WATERWAY DR. STE 223**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 305-261-9320

Date

Daytime Phone #

CR2E034 (10/02)