

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91151 045 ***150.00

DOCUMENT # P01000113879
1. Entity Name
Ornamental Designs Unlimited, Inc.

DO NOT WRITE IN THIS SPACE

666850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 258 Freeman Street Suite, Apt. #, etc.		3. Mailing Address 258 Freeman Street Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip 32127	Country USA	Zip 32127	Country USA
4. FEI Number 59-3757069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Jack Cutler
Street Address (P.O. Box Number is Not Acceptable)
258 Freeman Street
City Port Orange **FL** **Zip Code** 32127

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 Jack Cutler **DATE** 4/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP RA JACK CUTLER 258 Freeman St. Port Orange, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sondra Cutler 258 Freeman St. Port Orange, FL 32127	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Cutler **DATE** 4-27-02 **Daytime Phone #**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)