FILED Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90196 014 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

944 COUNTRY CLUB BLVD., STE. 201

P01000114423

944 COUNTRY CLUB BLVD., STE. 201

1. Entity Name CARTWRIGHT'S DRAFTING 8	DESIGN SERVICE, INC.	
Principal Place of Business	Mailing Address	1

CAPE CORAL FL 33990 CAPE CORAL FL 33990 2 Principal Place of Pusinger

L. I IIIIcipai i	lace of Dusiness	3. Walling Address						
, ,	<u> </u>	P.O. Box	15094	8				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK-HERE IF MAKING CHANGES			
City & Stat	te	City & State			4. FEI Number	A	pplied For	
\	<u> </u>	CAPE CO	PAL, F		65-115487	7	ot Applicable	
Zip	Country	Zip - 33915	Country	A	5. Certificate of Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg	istered Agent		
SW PROFESSIONAL SERV. OF SOUTH FLORIDA, IN 13571 MCGREGOR BLVD., #22 FT. MYERS FL 33919				Name J. P. CARTWRIGHT JR. Street Address (P.O. Box Number is Not Acceptable) 1002 SW 2 LANE				
			City			Zip Cod	le	
	· · · · · · · · · · · · · · · · · · ·		🖯	<u>ape</u>	CORAL	- F⊾ 33¢	99 i -	
B. The above the obligated SIGNATURE	named entity submits this statement folions of registered agent. Signaphe, typed or printed name of registered agent	right of	registered office	IDES	T 8-	a. am familiar with, 	and accept	
After Se Make Check	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department o	f State			9. Election Campaign Finan Trust Fund Contribution.	☐ Added	00 May Be d to Fees	
10.	OFFICERS AND		11.	17	ADDITIONS/CHANGES TO OFFICE			
TITLE		Delete	TITLE	P/	1/T/S/D/C/	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	in the second	•	NAME STREET ADDRESS CITY-ST-ZIP	100%	DNIE R. CARTA 2 SW 21 LANE >E CORAL, PL	VRIGHT . J. 33991	IP.	
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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.