FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90291 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000030

1. Entity Name
THE NAPLES DESIGN RESOURCE, INC.

Principal Place of Business	Mailing Address
1673 PINE RIDGE ROAD NAPLES, FL 34109	1673 PINE RIDGE ROAD NAPLES, FL 34109

2. Principal Place of Business	3. Mailing Address
4033 GUAVA DR.	4033 GUAVA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34104 Country: Collier	Zip: 34104 Country: Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4503629 — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, DEBRA A
2479 PINEWOOD CIRCLE
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: Kelly, Debra A.
Street Address (P.O. Box Number is Not Acceptable): 4033 GUAVA Drive
City: Naples FL Zip Code: 34104

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.

SIGNATURE: Debra A Kelly — 4/29/03 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: KELLY, DEBRA A STREET ADDRESS: 2479 PINEWOOD CIRCLE CITY-ST-ZIP: NAPLES, FL 34105	☐ Delete	TITLE: P NAME: Kelly, Debra A. STREET ADDRESS: 4033 GUAVA Drive CITY-ST-ZIP: Naples FL 34104	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Debra Kelly — 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #