2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90410-007-$150.00-$150.00

03 JUN -6 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000012023

1. Entity Name
Fresh Ink Designs, Inc.

Principal Place of Business	Mailing Address
6800 Westwood Acres Rd Ft Myers, Fl 33905	P.O.Box 60612 Ft Myers, Fl 33906

2. Principal Place of Business	3. Mailing Address
6800 Westwood Acres Rd	P.O.Box 60612
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers, Fl	City & State: Ft Myers, Fl
Zip: 33905 Country: USA	Zip: 33906 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 73-1627291 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Heidi Daige 6800 Westwood Acres Rd Ft Myers, Fl 33905	Name: Heidi Daige Street Address (P.O. Box Number is Not Acceptable): 6800 Westwood Acres Rd City: Ft Myers, FL Zip Code: 33905

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: Heidi Daige DATE: 4.28.03

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. Heidi Daige 6800 Westwood Acres Rd Ft Myers, Fl 33905 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Shari Ferguson 2056 Sheffield Ave Marco Island, Fl 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Heidi Daige 4.28.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #