2003 FOR PROFIT CORPORATION

FILED Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000025261 DOCUMENT # 1. Entity Name 04-11-2003 90188 031 ***150.00 ACCOUNTING BY DESIGN, INC. Principal Place of Business Mailing Address 9300 5TH STREET NORTH 9300 5TH STREET NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 0218 33rd Street Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 01-0675055 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENSLEY, EVELYN gress (P.O. Box Number is Not Acceptable) 9300 5TH STREET NORTH ST. PETERSBURG FL 33702 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 itle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE TITLE Delete HENSLEY, EVELYN NAME NAME 6218 33 rd Street N. G. Petersburg, FL 33702 STREET ADDRESS 9300 5TH STREET NORTH STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME GRZYBALA, DAWN W NAME 33rd Street N. STREET ADDRESS STREET ADDRESS 9300 5TH STREET NORTH CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-7IP ☐ Delete TITLE ` Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

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