

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90158 035 \*\*\*150.00

**DOCUMENT # P02000037710**

1. Entity Name  
**DESIGN-A-SPACE INC.**



Principal Place of Business  
12519 CASCARA DR. S.  
JACKSONVILLE FL 32225

Mailing Address  
12519 CASCARA DR. S.  
JACKSONVILLE FL 32225



2. Principal Place of Business  
**12519 Cascara Dr. S.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12519 Cascara Dr. S.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville FL**  
Zip  
**32225**  
Country  
**Duval**

City & State  
**Jacksonville, FL**  
Zip  
**32225**  
Country  
**Duval**

4. FEI Number  
**75-3022179**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OGBURN, JANET**  
12519 CASCARA DR. S.  
JACKSONVILLE FL 32225

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OGBURN, JANET L</b>	
STREET ADDRESS	<b>12519 CASCARA DR. S.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OGBURN, JAMES A</b>	
STREET ADDRESS	<b>12519 CASCARA DR. S.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Janet Ogburn* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-03** **904-221-0521**  
Date Daytime Phone #

CR2E034 (10/02)