FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90090 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048038

1. Entity Name
NUVO DESIGN CO.

10045170

Principal Place of Business	Mailing Address
701 MIRROR LAKE DR. N 205 ST. PETERSBURG, FL 33701	701 MIRROR LAKE DR. N 205 ST. PETERSBURG, FL 33701

2. Principal Place of Business: 5718 INTERBAY BLVD
Suite, Apt. #, etc.:
City & State: TAMPA, FL
Zip: 33611 Country: HILLSBOROUGH

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0714428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEEKS, MARVIN G JR
701 MIRROR LAKE DR N
205
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name: MARVIN G MEEKS JR
Street Address (P.O. Box Number Is Not Acceptable): 5718 INTERBAY BLVD
City: TAMPA FL Zip Code: 33611

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: [signature] DATE: 3/18/03
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 $400 will be added ... 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	PRESIDENT MARVIN MEEKS 5718 INTERBAY BLVD TAMPA FL 33611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT DIAZ 5718 INTERBAY BLVD TAMPA FL 33611	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/18/03 813-835-6883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #