

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

FILED
Apr 20, 2004 08:00 AM ^{ATX1}
Secretary of State

DOCUMENT # P02000094915	
1. Entity Name ELEVATOR DESIGNS, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1029 SE 14TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DEERFIELD BCH, FL		City & State	
Zip 33441	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3084025	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JIM P RIDENOUR	
Street Address (P.O. Box Number is Not Acceptable) 1029 SE 14TH ST	
City DEERFIELD BCH	FL Zip Code 33441

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.

000000121451
04/20/04-80053-005 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

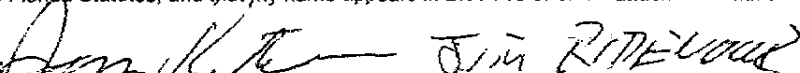
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JIM P RIDENOUR 1029 SE 14TH ST DEERFIELD BCH, FL 33441
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4/13/04 **Daytime Phone #**