2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000124431



FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Name DESIGN WERX INC.									04-25-2003 90160 025 ***150.00					
Principal Place of Business 12301 W COLONIAL DRIVE WINTER GARDEN FL 34787				Mailing Address 12301 W COLONIAL DRIVE WINTER GARDEN FL 34787										
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number Applied For Not Applicable						
Zip		Country	Zip	Zip Cou			5 Certificate of Status Desired Status				\$8.75 Add Fee Require]	
				7. Nai	ne and Address of New Reg	istered	Agent ·	·]=					
						Name				•			7	
HUGHES, J. DAN						Ch A .dd	(D	0.0	N				4	
325 MEAD	OW SWEET	T CIRCLE		Street Address (iress (P	.O. Box	Number is Not Acceptable)					
OCOEE FL 34761													7	
COOLE 1E 07/01						_							4	
						City				FL	Zip Cod	е		
8. The above	eaister	ed office or re	eaistere	d agent	, or both, in the State of Florid	a. I am	familiar with.	and accept	7					
	tions of regist			3 3			•							
													Ì	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signature	required v	vhen reinst	ating)	DATE				
_				1									+	
		!! FEE IS \$150.00						9. Election Campaign Financing \$5.00 May Be						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				Trust Fund Contribution.				to Fees		
10,		OFFICERS AND		l IPS	11.			ADDI	TIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOR	\$ INI 11	\dashv	
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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 attachgrent with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

Change

☐ Addition