2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 21, 2000 8:00 am Secretary of State DOCUMENT # **P94000027458** 1. Entity Name STANSBURY RESOLUTIONS BY DESIGN, INC. 02-21-2000 90023 015 ***150.00 Principal Place of Business Mailing Address 14TH AVE E 4412 14TH AVE E **BRADENTON FL 34208-5810** ___.. FL 34208 714836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 98-0140791 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANSBURY, JAMES C Street Address (P.O. Box Number is Not Acceptable) 4412-14TH AVENUE EAST **BRADENTON FL 34208** Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. D ☐ Addition ☐ Delete STANSBURY, JAMES C 4412-14TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STANSBURY, SANDRA R NAME NAME STREET ADDRESS 4412-14TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS SZERONA LEERLY CITY-ST-ZIP ST - ZIF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS Minning ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME ADDDLES STREET ADDRESS

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

HGNATURE:

ST ZIP

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ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

February 7, 2000 941-748-8663

☐ Change

Addition