

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000058877

FILED
Jan 17, 2003
Secretary of State

Entity Name: ARACE DESIGNS, INC.

Current Principal Place of Business:

9252 BEAVER COVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

9252 BEAVER COVE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3246101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARACE, DIRK
9252 BEAVER COVE
APOPKA, FL 32703

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARACE, DIRK
Address: 9252 BEAVER COVE
City-St-Zip: APOPKA, FL 32703 US

Title: S () Delete
Name: ARACE, KAREN
Address: 9252 BEAVER COVE
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: ARACE, DAWN
Address: 322 CHELMSFORD COURT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIRK ARACE

P

01/17/2003

Electronic Signature of Signing Officer or Director

Date