2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000080954 **DOCUMENT #**

1. Entity Name



May 01, 2003 8:00 am & Secretary of State **FILED**

05-01-2003 90971 004 ***150.00

	ATION DESIGN, INC.							
2505 BAY DR	ce of Business EACH FL 33062	Mailing Address 2505 BAY DR. POMPANO BEACH FL 3306	2		L Madhinath and Adam Braile Double Adam an)); 11:1 : 11:1: 11: 11:1: 11:1:	D) (1998) (1998)	
<u> </u>	D	Ta Maria						
<i>'</i>	Place of Business	3. Mailing Address	م بدیمایا					
Suite, Apt	HARDESS HORSE LA.	16765 FISH Suite, Apt. #, etc.	HAWK O	200				
#/03	#, 8iC.	#323			CHECK HERE IF N	MAKING CHANGE	:S	
City & Sta	ite .	City & State			4. FEI Number CE OF 20404		Applied For	
BRAND		LITHIA FL		ľ	4. FEI Number 65-0533494		Not Applicable	
Zip	Country	Zip	Country			□ \$8.75 A	dditional	
33511-	-0000 USA	33547-3860	USA	ļ	5. Certificate of Status Desired	Fee Requi		
	6. Name and Address of Current	Registered Agent	~		7. Name and Address of New Regi	stered Agent		
VENADE V	/ATHVDN		Name	EMPI	= KATHRYN		ł	
KEMPF, KATHYRN				Street Address (P.O. Box Number is Not Acceptable)				
2505 BAY			130	DA H	ARNESS HORSE	.بر.		
POMPANO	O BEACH FL 33062		# JE	5.3				
				AND		Zip Co	ode 5 //	
8 The above	e named entity submits this statement fo	r the purpose of changing its r	BR.	AUD .	or agent or both in the State of Florids			
the obliga	itions of registered agent.	it the purpose of changing its r	egistered office c	n registere	agent, or both, in the state of Florida	a. Faithtaininaí Wit	n, and accept	
	Veli a W	of KATHRY	3.5 M	ر مد سرم	06 4	120122		
SIGNATURE	Signature, typed ourinted name of registered agent		Registered Agent signa	ature required to	when reinstating)	DATE DATE	<u> </u>	
	FILE NOW!!! FEE IS \$150.00	-						
		}			9. Election Campaign Finance	sing of F		
	r May 1 2003 Fee will be \$550 00						.00 May Be	
	er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department o	f State			Trust Fund Contribution.		.00 May Be led to Fees	
Make Chec	k Payable to Florida Department o		T 11.		Trust Fund Contribution.	☐ Add	led to Fees	
Make Chec	•	DIRECTORS	11.	[p	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	PRS IN 11	
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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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A Date Dayline Phone #