2000 UNIFORM BUSINESS REPORT (UBR)					FILED 			
DOCUMENT # P95000029964 1. Entity Name J.Z. DESIGN, INC.					Secretary of State			
					02-08-2000 90173 034 ***150.00			
Principal Place	e of Business	Mailing Address						
25381 GALASHIELDS CIRCLE 25381		25381 GALASHIELDS CIRCLE	81 GALASHIELDS CIRCLE					
Bonita Springs FL 33923 JS		BONITA SPRINGS FL 34134-1967 US			710867			
	lace of Business	3. Mailing Address	e love		* *********	1210; gitti 2211 2011 aatti aa	·	
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN TI	HIS SPACE	
Bonito	-	Bonita Spas		4. 1	El Number	22-3198717	Applied Not *;	
Zip - み リ しみリーンを	Country		Country ン ム	5. (Status Desired	\$8.75 Additional Fee Required	
DT.01 -	6. Name and Address of Current			7. 1		ddress of New Register	ed Agent	
7414	JACIZI JOANNI		Name					
ZAWACKI, JOANN 25381 GALASHIELDS CIRCLE			Street Address (P.O. Box Number is Not Acceptable)					
BONITA SPRINGS FL 33923				Guade	ideloupe Lane			
	•			Bonita Spas FL 34134 25				
	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible	FILE NOW!!!	•	00	<u> </u>	DA on Campaign Financing	\$5.00	
(See criter	equirement and elects to do so.	After MAY 1, 2000 Make Check Payable	to Departmen	t of State	Trust	Fund Contribution.	Added to F	
11.	OFFICERS AND	DIRECTORS Delete	TITLE	AD.	DITIONS/CH	HANGES TO OFFICERS	AND DIRECTORS IN 1	
NAME STREET ADORESS	ZAWACKI, MARK A 25381 GALASHIELDS CIRCLE	Can projet	NAME STREET ADDRESS	1		ipe lane	- · ·	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	<u></u>	CITY-ST-ZIP	Bonita	- ५६९८	FL 34134.		
TITLE NAME	VP ZAWACKI, JOANN	☐ Delete	TITLE NAME]			. E Change □	
STREET ADDRESS	25381 GALASHIELDS CIRCLE		STREET ADDRESS			pe Lane	1	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		CITY-ST-ZIP	Bonita	<u>~ 5693</u>	+ FL 34184	<u>+-8517</u> - ~	
NAME STREET ADDRESS CITY-ST-ZIP		∟ Defete	NAME STREET ADDRESS CITY-ST-ZIP				Citalize C.	
TITLE NAME STREET ADDRESS	And San	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐	
CITY-ST-ZIP TITLE	<u></u>	□ Delete	TITLE				Change	
NAME STREET ADDRESS CITY-ST-ZIP		beide	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐	
13. I hereby of indicated of the corp	certify that the information supplied with on this report or supplemental report is portation or the receiver or trustee emproor on an attachment with an address, signarute AND TYPED OR I	strue and accurate and that my sowered to execute this report as	e exemption sta signature shall h required by Cha	ave the same	legal effect a	is if made under oath; th	at I am an officer or .	