2001 Uniform Business Report (UBR) FILED DOCUMENT # 19500046427 Mar 21, 2001 8:00 am **Secretary of State** Sales and Design Associates, Inc. 03-21-2001 90029 009 ***158.75 Principal Place of Business Mailing Address 2300 No military Trail 2025 Normandy circle APECEUUN Bay A-17 W. Palm Beach, FL " West Palm Beh, FL 33409 2. Principal Place of Business 136 Mystic Lane 136 mystic Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Jupiter, FL Jupiter, FL Applied For Not Applicable Palm Beach Palm Beach \$8.75 Additional 33458 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lavid N. Lappest David N. Lappest 2025 Normandy Circle Street Address (P.O. Box Number is Not Acceptable) 136 Mystic Lane West Palm Beach, FL 33409 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Efection Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. David N. Lappert TITLE Delete TITLE New Addresses 136 mystic lane NAME 2025 Normandy Circle STREET ADDRESS STREET ADDRESS Jupiter, FL 33458 136 mystic Lane W. Palm Buh, FL 33409 CITY-ST-ZIP CITY-ST-ZIP Lorey P. Lappert ☐ Delete TITLE Addition NAME 2025 Normandy circle Jupiter, FL 33458 STREET ADDRESS W. Palm Bch. FL 33409 CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition TITLE ---☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 tystee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachme

SIGNATURE:

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