

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90229 041 \*\*\*158.75

**DOCUMENT # P95000046427**

1. Entity Name  
**SALES AND DESIGN ASSOCIATES, INC.**



Principal Place of Business  
**631 MAPLEWOOD DRIVE #4**  
**JUPITER FL 33458**  
**US**

Mailing Address  
**P.O. BOX 222521**  
**WEST PALM BEACH FL 33422**  
**US**



2. Principal Place of Business  
**136 Mystic Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 222521**  
Suite, Apt. #, etc.

City & State  
**Jupiter FL**

City & State  
**West Palm Beach FL**

4. FEI Number **65-0588881**

Applied For  
Not Applicable

Zip Country  
**33458 Palm Bch**

Zip Country  
**33422 PB**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAPPERT, DAVID N SR.**  
**136 MYSTIC LANE**  
**JUPITER FL 33458**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE **4/16/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LAPPERT, DAVID N**  
STREET ADDRESS **136 MYSTIC LANE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **LAPPERT, LOREY P**  
STREET ADDRESS **136 MYSTIC LANE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**DAVID N. LAPPERT**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**  
Date

**561-745-6100**  
Daytime Phone #

CR2E034 (10/02)