FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P95000051250** DESIGNER'S SOURCE OF SARASOTA, INC. 03-01-2001 90025 009 ***150.00 Principal Place of Business Mailing Address 1741 MAIN STREET 1741 MAIN ST. UUUZUK42 SUITE 100 SUITE 100 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0594013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILBERSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVE. SARASOTA FL 34236 Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition Delete ALLISON, GEORGE F NAME NAME STREET ADDRESS 5034 CIRCLED OAK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL **VPS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATKINS, J. A NAME NAME STREET ADDRESS **5034 CIRCLED OAK DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

reu AND TYPED OR PRINTED NAME O 2-20-01

Daytime Phone #

CR2E034 (10/00)