FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P9600002068 THE DESIGN COLLECTIVE GROUP, INC. 04-02-2001 90299 028 ***150.00 Mailing Address Principal Place of Business 2129 SOUTH U.S. ONE 2129 SOUTH U.S. ONE JUPITER FL 33477 JUPITER FL 33477 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 65-0638462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMAS, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1605 S. U.S. HIGHWAY ONE BUILDING M-3, UNIT 504 JUPITER FL 33477 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition ☐ Change TITLE Delete TITI F THOMAS, MICHAEL A NAME NAME 2129 SOUTH U.S. ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Change Addition TITLE □/Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 🔲 Change / 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITI F TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

3-26-01 745-4146