FILED

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90599 004 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000007034 **DOCUMENT#**

1. Entity Name

RATAN DESIGN, INCORPORATED

Principal Place of Business 14650 BRADDOCK OAK DR. ORLANDO FL 32837

Mailing Address

14650 BRADDOCK OAK DR. ORLANDO FL 32837

2. Principal Place of Business 3. Mailing Address 12213 Wild Iris Way, #102 12213 Wild Iris Way, #102 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3368705 Orlan<u>do</u> nr lan do Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32837 328<u>3</u> Orange Oran Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADAWER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2500 W. LAKE MARY BLVD., STE. 212A LAKE-MARY FL 32746 City 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 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE RATANASIRINTRAWOOT, PAITOON NAME NAME 14650 BRADDOCK OAK DR. 12213 Wild Iris Way, +102 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837-4951 CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32837 TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE REQUIRED

Delete

Date

Daytime Phone #

Change

☐ Addition