2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000020521

DOCUMENT # 1. Entity Name



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90075 006 ***150.00

UNITED DESIGN ASSOCIATES, INC.								
Principal Place 680 BALMOR/ WINTER PARK		680 BALMORAL	Malling Address 680 BALMORAL ROAD WINTER PARK FL 32789					
2. Principal Place of Business		3. Mailing Address			 	i 00111 30110 11011 41		1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3506505 Applied Fo Not Applie			
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		75 Additio Required	inal
	6. Name and Address of Curren	t Registered Agent		<u> </u>	7. Name and Address of New Re	gistered Ageni	i	
STEVENS, MICHAEL F				Name				
. 680 BALM	MORAL ROAD		Street Address (P.		P.O. Box Number is Not Acceptable)			
WINTER	Park FL 32789 🚆							1
•				City		FL Z	ip Code	
	named entity submits this statement to lions of registered agent.	or the purpose of cha	inging its registere	ed office or register	ed agent, or both, in the State of Flor	ida. I am familia	ar with, and	d accept
SIGNATURE .	Signature, typed or printed frame of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature required	when reinstating)	DATE		
								
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				9. Election Campaign Fina Trust Fund Contribution		\$5.00 N Added to	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN	V 11
TITLE					ABBITIONO/OF MINAGES TO GET IN			Addition
NAME	STEVENS, MICHAEL F	De	NAM	1	•		,agv	
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CITY-ST-ZIP	WINTER PARK FL 32789			-ST-ZIP	 			
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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 expressed 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 idda security all other like empowered.

SIGNATURE: