

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90056 004 \*\*\*150.00

**DOCUMENT # P96000022133**

1. Entity Name  
**MY DESIGN, INC.**

Principal Place of Business

~~4075-G L.B. MCLEOD ROAD~~  
**ORLANDO FL 32811**

Mailing Address

~~4075-G L.B. MCLEOD ROAD~~  
**ORLANDO FL 32811**

2. Principal Place of Business

**4501 SW 34 Street**

Suite, Apt. #, etc.

**Suite C**

3. Mailing Address

**4501 SW 34 Street**

Suite, Apt. #, etc.

**Suite C**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32811**

Country

**USA**

Zip

**32811**

Country

**USA**

4. FEI Number

**59-3365560**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YAGER, MICHAEL**

~~4075-G L.B. MCLEOD RD.~~

**ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

**MICHAEL YAGER**

Street Address (P.O. Box Number is Not Acceptable)

**4501 S.W. 34th Street**

**Suite C**

City

**ORLANDO**

FL

Zip Code

**32811**

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.

**- MICHAEL YAGER**

DATE

**1/11/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VPSD** ☐ Delete  
NAME **YAGER, MICHAEL**  
STREET ADDRESS **4075-G L.B. MCLEOD RD**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **PTD** ☐ Delete  
NAME **MAZZANTI, MARK**  
STREET ADDRESS **4075-G L.B. MCLEOD RD**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**- MICHAEL YAGER 1/11/02 407-246-7788**

Date

Daytime Phone #

CR2E034 (9/01)