FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 99-02

DOCUMENT # P96000065400

Entity Name

Studio of Design, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -9 PM 4:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Naples,	797 Willow Brook Dr
Suite, Apt. #, etc. #205 #205	Suite, Apt. #, etc. #205 apt 205
City & State Naples, Fl 34108 F	City & State Naples, Fl 34108
Zip 34108 08 Country Collier	Zip 34108 Country Collier

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4. FEI Number 65-0698595 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Betty Knapp

Street Address (P.O. Box Number is Not Acceptable) 2855 66th Street SW

Naples, Fl

City Naples, FL Zip Code 34105

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 Betty Knapp Betty Knapp CPA 5-5-2002

(NOTE: Registered Agent signature required when changing) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Jack Thomas Pres & Trea 797 Willow Brook Dr #205 Naples, Fl 34108
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rebekah W. Thomas V. Pres & Sec 797 Willow Brook Dr #205 Naples, Fl 34108
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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 a director or officer 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 12 of the attachment with an address, title or role for which I am compensated.

SIGNATURE Rebekah W. Thomas Rebekah W. Thomas Sec. May 5, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR