

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 022 ***150.00

DOCUMENT# *P96 000069496*

1. Entity Name

First National Design Inc.



DO NOT WRITE IN THIS SPACE

30102379

2. Principal Place of Business

2006 SE 21ST ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

4. FEI Number

65-0728769

Applied For

Not Applicable

Zip

33990

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TARACH JURGEN

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

2006 SE 21ST ST

City

Cape Coral

FL

Zip Code

33990

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

J. Tarach

04-21-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PST*
NAME *ZUCK-TARACH, GERTRUD*
STREET ADDRESS *2006 SE 21ST ST*
CITY-ST-ZIP *CAPE CORAL FL 33990*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VD*
NAME *TARACH JURGEN O.*
STREET ADDRESS *2006 SE 21ST ST*
CITY-ST-ZIP *CAPE CORAL FL 33990*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VD*
NAME *ZUCK, CHRISTIAN*
STREET ADDRESS *2006 SE 21ST ST*
CITY-ST-ZIP *CAPE CORAL FL 33990*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/02)

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

SIGNATURE:

G. Zuck-Tarach

G. ZUCK-TARACH

04-21-03

239-699-3223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #