

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90217 002 ***150.00

DOCUMENT # P96000072473

1. Entity Name
PETRESS DESIGN, INC.

Principal Place of Business 3265 N STATE RD 7 MARGATE FL 33063 US	Mailing Address 2791 NW 83RD TERRACE CORAL SPRINGS FL 33065-5331 US
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2. Principal Place of Business 1950 N.W. 15TH STR.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State POMPAHO BCH FL	City & State FL
Zip 33069	Country USA

4. FEI Number 65-0688234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETRESS, EDWARD A
3265 N STATE RD 7
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name
WILLIAM BEERMANN

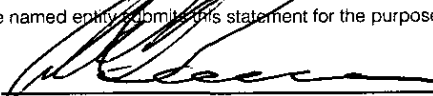
Street Address (P.O. Box Number is Not Acceptable)
1950 N.W. 15TH STREET

POMPAHO BEACH

City
FLORIDA

FL Zip Code
33069

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  **WILLIAM BEERMANN PRES** DATE **4-27-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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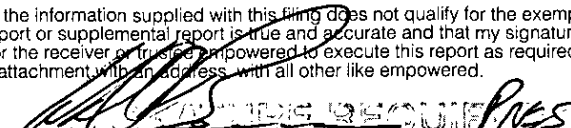
11. OFFICERS AND DIRECTORS

TITLE PD	PETRESS, EDWARD A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3265 N STATE RD 7		
CITY-ST-ZIP MARGATE FL 33063		
TITLE VD	PETRESS, DONNA J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3265 N STATE RD 7		
CITY-ST-ZIP MARGATE FL 33063		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES	WILLIAM BEERMANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1950 N.W. 15TH STREET		
CITY-ST-ZIP POMPAHO BCH FL 33069		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **WILLIAM BEERMANN PRES** DATE **4-27-00** DAYTIME PHONE # **954-979-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C = E034 (1/99)