AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

Page 2

DOCUMENT # P97000085988

1. Entity Name

B. DESIGN CORPORATION

FILED
01 OCT -8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2051 Trade Center Way Naples, FL 34109	2051 Trade Center Way Naples, FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3472120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Coleman, Kevin G. 4001 Tamiami Trail North, Suite 300 Naples, FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Boyatt, Anthony 561 20th Ave. N. W. Naples, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Boyatt, Anthony 2051 Trade Center Way Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Boyatt, Anthony 561 20th Ave. N.W. Naples, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Boyatt, Anthony 2051 Trade Center Way Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lord, Robert W. 256 Lambton Lane Naples, FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cope, John W. 2051 Trade Center Way Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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CR2E034 (11/00)

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: _____ (PRESIDENT) 10/5/01 941-592-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P3 2012

ACCOUNT NO. : 072100000032

REFERENCE : 826495 7103152

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 61.25

ORDER DATE : October 8, 2001

ORDER TIME : 10:07 AM

ORDER NO. : 826495-005

CUSTOMER NO: 7103152

CUSTOMER: Eric M. Borgia, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

ANNUAL REPORT FILING

RECEIVED
01 OCT -8 AM 11:27
DIVISION OF CORPORATION

NAME: B. DESIGN CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: