

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**  
 08-21-2002 90093 023 \*\*\*550.00

**DOCUMENT # P97000102552**

**1. Entity Name**  
**NETDESIGN, INC.**

**Principal Place of Business**  
 15351 ROOSEVELT BOULEVARD  
 SUITE 207  
 CLEARWATER FL 33760

**Mailing Address**  
 P.O. BOX 1954  
 ST PETERSBURG FL 33731-1954  
 US

**2. Principal Place of Business**  
 5006 20th AVE S.  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 5006 20th AVE S.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
 TAMPA FL  
**Zip**  
 33619  
**Country**

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**Zip**  
 33619  
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**4. FEI Number** 59-3482696

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ENGLANDER & FISCHER, P.A.  
 721 FIRST AVE N  
 ST. PETERSBURG FL 33701

**7. Name and Address of New Registered Agent**

**Name** DEAN AKERS  
**Street Address (P.O. Box Number is Not Acceptable)** 5006 20th AVE NORTH  
**City** TAMPA **FL** **Zip Code** 33619

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 8/10/02

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

<b>TITLE</b>	<del>POST</del> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b>	WHITE, TINA	
<b>STREET ADDRESS</b>	9165 BAYOU DRIVE	
<b>CITY-ST-ZIP</b>	TAMPA FL 33635	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>	DEAN AKERS	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	DEAN AKERS	
<b>STREET ADDRESS</b>	5006 20th AVE SOUTH	
<b>CITY-ST-ZIP</b>	TAMPA FL 33619	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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]* **8-07-02 727-535-8793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)