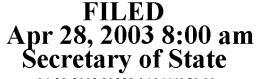
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P98000001260 **DOCUMENT #** 1. Entity Name



04-28-2003 91328 046 \*\*\*150.00

DUNE DESIGN STUDIOS, INC.								130.00		
Principal Place of Business 1034 W. ARLINGTON ST ORLANDO FL 32805				Mailing Address 1034 W. ARLINGTON ST ORLANDO FL 32805						
2. Principal Place of Business				3. Mailing Address					T 1001/1801   10 10/07 10/17 04/11 64/11 08/17 00/17 00/17 00/17 1/07/17 11/07 64/17 08/17 11/07 64/17 10/07 6 	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			J		☐ CHECK HERE IF MAKING CHANGES	
City & State			City	City & State				<b>4.</b> F	FEI Number 59-3547646 Applied For Not Applied For	
Zip Country			Zip	ip Cour		ntry	5. Certificate of Status		Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					·			7. N	Name and Address of New Registered Agent	
						Name				
	ky, mark Arlington	ST			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO	FL 32805									
					City	City FL Zip Code				
	e named entity tions of regist		for the purp	oose of changing its	register	ed office or re	egistere	ed age	gent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTI	E: Registere	d Agent signature	required v	when rei	reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					** *				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.		OFFICERS AN	D DIRECTO	l PRS	11.			ADI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASELSH 1034 W. A ORLANDO	rlington st		☐ Delete			_		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASELSI 1034 W. A	N 10 0 0 11		☐ Delete					☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, P. 1034 W. A ORLANDO	rlington st		Delete Delete		- 1			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete		1	_		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		, ,,		☐ Delete	TITLE NAMI STRE				☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP