FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90068 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009609 ✓

1. Entity Name

UNION DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1022 NORTHERN WAY	1022 NORTHERN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FL	City & State: WINTER SPRINGS, FL
Zip: 32708 Country: USA	Zip: 32708 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593496177 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Joseph Lepore

Street Address (P.O. Box Number is Not Acceptable): 1022 NORTHERN WAY

City: WINTER SPRINGS FL Zip Code: 32708

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	President Joseph Lepore 1022 Northern Way WINTER SPRINGS, FL 32708
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CR2E034B (12/01)

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

SIGNATURE: Joseph Lepore 4-25-02 407-971-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #