2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90373 011 ***150.00

DOCUMENT # P98000020324

1. Entity Name
TURNER BEGGS DESIGN, INC.

Principal Place of Business	Mailing Address
9212 SUMMIT CENTER WAY	9212 SUMMIT CENTER WAY
#106	#106
ORLANDO FL 32810	ORLANDO FL 32810

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
322 E. CENTRAL BLVD.	322 E. CENTRAL BLVD.
Suite, Apt. #, etc. 1406	Suite, Apt. #, etc. 1406
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801 Country ORANGE	Zip 32801 Country ORANGE

4. FEI Number 59-3497177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREIBIS, DANIEL S
3890 TURTLE CREEK DRIVE #B-1
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

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. 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 4/28/03

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEGGS, WILLIAM T		NAME		
STREET ADDRESS	1645 DUNLAWTON AVENUE #813		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/28/03 — Daytime Phone # (407) 650-8704 X131

CR2E034 (10/02)