FILED

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rec changed, or on an attachme

SIGNATURE:

Feb 14, 2002 8:00 am Secretary of State , P98000042717 DOCUMENT # 1. Entity Name ALDERMAN DESIGN GROUP, INC. 02-14-2002 90093 025 ***150.00 Principal Place of Business Mailing Address 750 E CHURCH ST 750 E CHURCH ST BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3510681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALDERMAN, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 750 E CHURCH ST BARTOW FL 33830 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ALDERMAN, RICHARD A NAME NAME 750 EAST CHURCH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ALDERMAN, DIANE NAME NAME 750 EAST CHURCH STREET STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete --TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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