

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90033 012 ***150.00

DOCUMENT # P98000086555
 1. Entity Name
THE DESIGN TECHNIQUES, INC.

Principal Place of Business	Mailing Address
3511 BONAIRE BLVD. SUITE 2414 KISSIMMEE FL 34741 11015 S.W. 151 PLACE DUNNELLON FL. 34432	3511 BONAIRE BLVD. SUITE 2414 KISSIMMEE FL 34741-2659 11015 S.W. 151 PLACE DUNNELLON FL. 34432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3541412	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MARQUIS, DAVID L
~~3511 BONAIRE BLVD. SUITE 2414 KISSIMMEE FL 34741~~
11015 S.W. 151 PLACE DUNNELLON FL. 34432

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.
 SIGNATURE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	P MARQUIS PRESIDENT	<input type="checkbox"/> Delete
NAME	MARONIS, DAVID L	
STREET ADDRESS	3511 BONAIRE BLVD STE 2414 KISSIMMEE FL 34741	
CITY-ST-ZIP	11015 S.W. 151 PLACE DUNNELLON FL. 34432	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David L Marquis **DAVID L MARQUIS PRESIDENT** 1/29/00 (907) 824-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #