

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91775 022 \*\*\*150.00

DOCUMENT # 1. Entity Name P98000103360



DESIGNER'S EDGE REFINISHING, INC.

11041028

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2805 60<sup>th</sup> Street East  
3. Mailing Address 2805 60<sup>th</sup> Street East

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palmetto, FL City & State Palmetto, FL

4. FEI Number 65-0881256 Applied For Not Applicable

Zip 34221 Country Zip 34221 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Christy, Lee A  
Street Address (P.O. Box Number is Not Acceptable) 2805 60<sup>th</sup> Street East  
City Palmetto FL 34221

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcum, Jeff 2805 60 <sup>th</sup> Street E Palmetto, FL 34221
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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 on an attachment with an address, with all others like empowered.

SIGNATURE: Jeff Marcum Jeff MARCUM 4-9-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)