FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10077857

DOCUMENT # P99000016047

1. Entity Name
FLUIDMOTION DESIGN COMPANY

Principal Place of Business	Mailing Address
1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714	1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
603 Front St	PO Box 452757
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration	City & State: Kissimmee
Zip: 34747 Country: Osceola	Zip: 34745 Country: Osceola

4. FEI Number 59-3558247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, JON A 6232 DOE CIRCLE WEST LAKELAND, FL 33809	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, JON 6232 DOE CIRCLE W LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jon a Clark 4/7/03 4075660200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #