2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000020266

1. Entity Name
FECHTNER DESIGNS INC.

Principal Place of Business	Mailing Address
8748 JADE CT.	8748 JADE CT.
BOYNTON BCH FL 33437	BOYNTON BCH FL 33437

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

☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country	**4.** FEI Number **65-0904442**	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
FECHTNER, RYSZARD	Name
8748 JADE CT.	Street Address:(P.O. Box Number is Not Acceptable):
BOYNTON BCH FL 33437	
	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		**9.** Election Campaign Financing Trust Fund Contribution. ☐
After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State		**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FECHTNER, RYSZARD		NAME			
STREET ADDRESS	8748 JADE COURT		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP			
TITLE	VPS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FECHTNER, LUCYNA		NAME			
STREET ADDRESS	8748 JADE COURT		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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			

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 all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ RYSZARD FECHTNER   3/25/03   561 364-7036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #