

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90040 017 ***150.00

DOCUMENT # P99000058727

1. Entity Name

KOSKI DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

823 THOMASVILLE RD.
 TALLAHASSEE FL 32303

823 THOMASVILLE RD.
 TALLAHASSEE FL 32308-6828

C0004034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1247 Conservancy Dr. E.
 Suite, Apt. #, etc.

PMB 346 • 2910 Kerry Forest
 Suite, Apt. #, etc. Prty # 04

City & State

City & State

Tallahassee FL

Tallahassee FL

4. FEI Number

59-3589765

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 32312

Country USA

Zip 32308

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSKI, JOHN M
1247 CONSERVANCY DR., EAST
TALLAHASSEE FL 32312

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

U Koski

1/4/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
 NAME: John M. Koski
 STREET ADDRESS: 1247 Conservancy Dr. E.
 CITY-ST-ZIP: Tall, FL 32312

TITLE: Treasurer
 NAME: Leslie L. Koski
 STREET ADDRESS: AS above
 CITY-ST-ZIP:

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUNAL KOSKI REQUIRED KOSKI

1/4/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #