

DOCUMENT # P99000058727
1. Entity Name
KOSKI DESIGN GROUP, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90053 032 ***150.00

Principal Place of Business
1247 CONSERVANCY DR. E.
TALLAHASSEE FL 32308

Mailing Address
PMB 346 - 2910 KERRY FOREST PKWY
#D4
TALLAHASSEE FL 32308

2. Principal Place of Business
1247 Conservancy Dr. E.
Suite, Apt. #, etc.

3. Mailing Address
PMB 346 2910 Kerry Forest Pkwy
Suite, Apt. #, etc.
D4-346



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number 59-3589765
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOSKI, JOHN M
1247 CONSERVANCY DR., EAST
TALLAHASSEE FL 32312

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, 2001 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
NAME KOSKI, JOHN M
STREET ADDRESS 1247 CONSERVANCY DR. E
CITY-ST-ZIP TALLAHASSEE FL 32312
TITLE T
NAME KOSKI, LESLIE L
STREET ADDRESS 1247 CONSERVANCY DR. E
CITY-ST-ZIP TALLAHASSEE FL 32312

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/3/01 Daytime Phone # 850-907-8244

CR2E034 (10/00)