

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91868 040 ***150.00

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DOCUMENT # P99000086737

1. Entity Name
DESIGN SUPPORT SERVICES, INC.



Principal Place of Business
**1429 CENTRAL FLORIDA PARKWAY, UNIT 8
ORLANDO FL 32837**

Mailing Address
**1429 CENTRAL FLORIDA PARKWAY, UNIT 8
ORLANDO FL 32837**



2. Principal Place of Business
1960 Brengle Ave.
Suite, Apt. #, etc.

3. Mailing Address
1960 Brengle Ave.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL
Zip
32808
Country
Oranx

City & State
Orlando FL
Zip
32808
Country
Orange

4. FEI Number
59-3600850

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARSON, MATT
6109 RALEIGH ST. #507
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name
CARSON, MATT
Street Address (P.O. Box Number is Not Acceptable)
901 FLORAL DRIVE
City
ORLANDO FL Zip Code
32803

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)

4/30/03
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
**PD
WOLFE, PAUL C
1429 CENTRAL FLORIDA PARKWAY, UNIT 8
ORLANDO FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1960 Brengle Ave
Orlando FL 32808** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KASTURA, ROBERT A
1429 CENTRAL FLORIDA PARKWAY, UNIT 8
ORLANDO FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1960 Brengle Ave
Orlando FL 32808** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03
Date

407-253-4228
Daytime Phone #

CR2E034 (10/02)