## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000092202

Entity Name: DESIGN CUSTOM MILLWORK, INC.

FILED Jan 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1650 FOREST AVENUE SUITE 100 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

1650 FOREST AVENUE SUITE 100 LONGWOOD, FL 32750

FEI Number: 59-3601882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ, JAIRO
824 WELLSFORD WAY
LAKE MARY, FL 32746

HARRISON, MICHAEL J
360 LAKE SEMINARY CIRCLE
MAITLAND, FL 32751

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: MICHAEL J. HARRISON 01/09/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition FERNANDEZ, JAIRO HARRISON, MICHAEL J Name: Name: 524 WELLS FORD WAY 360 LAKE SEMINARY CIRCLE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: MAITLAND, FL 32750

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: HARRISON, MICHAEL J Name: BLACKBURN, JAMES R

Address: 360 LAKE SEMINARY CIRCLE Address: 575 QUEENSBRIDGE DRIVE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: LAKE MARY, FL 32746

Title: DIR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BLACKBURN, JAMES
 Name:

 Address:
 575 QUEENSBRIDGE DRIVE
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. HARRISON P 01/09/2002