

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-23-2003 90150 003 ***150.00

DOCUMENT # S97052

1. Entity Name
PSI DESIGNS, INC.

9



Principal Place of Business
**240 PEACHTREE ST NW 1327
SUITE 10 D 13 1
ATLANTA GA 30303-1327
US**

Mailing Address
**707 SPINNAKERS REACH
PONTE VEDRA FL 32082
US**

55047833

2. Principal Place of Business
**240 Peachtree St NW
Suite, Apt. #, etc.
Suite 902, E18**

City & State
Atlanta, GA

Zip
30303-1327

3. Mailing Address
**240 Peachtree St NW
Suite, Apt. #, etc.
Suite 902, E18**

City & State
Atlanta, GA

Zip
30303-1327

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3097157

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER, SANDRA
707 SPINNAKERS RCH
PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent

Name
Sandra Weaver S. Weaver
Street Address (P.O. Box Number is Not Acceptable)
240 Peachtree St NW 707 Spinnakers Rch
Suite 902, E18 Ponte Vedia, FL
City
Atlanta GA Zip Code
30303 32082

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 **Sandra Weaver**

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
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEAVER, SANDRA 707 SPINNAKERS REACH PONTE VERRA BEACH FL 32082 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Sandra I Weaver** **865-7484727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/20/03 Daytime Phone #

CR2E034 (10/02)

Attachment 35047833


#597052

Fla. Florida Dept of State,

Our mailing address is on a forwarding order to the Atlanta address - which had also been changed due to a recent move. Those changes are noted on the report.

We have changed the mailing address to the Atlanta address to avoid any future delays in the mailing

Thank you,

Sandra Weaver