

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) *AMENDED*

DOCUMENT # F96000001274

1. Entity Name
K2 Design Group, Inc

FILED
02 NOV 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3940 Radio Rd Suite, Apt. #, etc. Suite #102 City & State Naples, FL 34104		3. Mailing Address 3940 Radio Rd. Suite, Apt. #, etc. Suite #102 City & State Naples, FL 34104	
Country Collier	Country Collier		

4. FEI Number 65-0557414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
Jenny L. Carter

Street Address (P.O. Box Number is Not Acceptable)
3940 Radio Road

Suite #102

City
Naples, Zip Code
FL 34104

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 11.18.02

Signature, typed or printed name of Registered Agent or office 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE President NAME Carter, Jenny L. STREET ADDRESS 3940 Radio Road Suite #102 CITY - ST - ZIP Naples, FL 34104	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700009176287 11/22/02--01085--004 --\$8.75
TITLE Vice President NAME Joseph Bigos STREET ADDRESS 1643 Longmeadow Road CITY - ST - ZIP Fort Myers, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700009176287 11/22/02--01085--005 --\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 11.18.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 239. 2e1. 2im