

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90271 043 ***150.00

DOCUMENT # P02000105898



1. Entity Name
E3 DESIGN GROUP, INC.

Principal Place of Business
**24600 SOUTH TAMiami TRAIL
SUITE 212-115
BONITA SPRINGS FL 34134**

Mailing Address
**24600 SOUTH TAMiami TRAIL
SUITE 212-115
BONITA SPRINGS FL 34134**



2. Principal Place of Business
**8891 BRIGHTON LN
Suite, Apt. #, etc.
102B**

3. Mailing Address
**8891 BRIGHTON LN
Suite, Apt. #, etc.
102B**

CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS, FL
Zip
34135
Country
U.S.A

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

4. FEI Number
02-0646316
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, JOHN P
% PARRISH, WHITE, LAWHON & ADLER, P.A.
3431 PINE RIDGE ROAD, SUITE 101
NAPLES FL 34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: **DAVID M. BROWN** **04/16/03** **239-949-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NEAR 0016 11

CP2E034 (10/02)