2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90001 036 ****61.25

DOCUMENT # 741809

1. Entity Name

DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
2012 BURPEE DR JACKCONVILLE FL 32210 US	P.O. BOX 10975 JACKSONVILLE FL 32247-0975 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 8501 Rock Knoll Dr	Suite, Apt. #, etc.:
City & State: Jacksonville FL	City & State:
Zip: 32221 Country:	Zip: Country:

4. FEI Number: 59-1795321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIXON, MYRA N
8493 RUCKMAN AVE
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name: Denise Sparf
Street Address (P.O. Box Number is Not Acceptable): 672 Ponte Vedra Blvd
City: Ponte Vedra Beach **FL** Zip Code: 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.

SIGNATURE: [signature] Denise Sparf Treasurer 2/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ZAMOISKI, THERESE 8501 ROCK KNOLL DR JACKSONVILLE FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN, JOHNEL 2012 BYROEE DR JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Saundra Sanderson 1601 Bristol Place Orange Park, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Glenda Davis 4470 Witch Hazel Rd Middleburg, FL 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRAF, DENI 672 PONTE VEDRA BLVD PONTE VEDRA FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Sparf, Denise	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIXON, MYRA N 8493 RUCKMAN AVENUE JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beverly Denby 1263 Tangerine Dr Jacksonville, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 617, 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 REQUIRED [signature] Denise Sparf 2/6/00 904 954 8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #