

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90016 020 ****61.25

DOCUMENT # 741809

1. Entity Name

DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

8501 ROCK KNOLL DR
JACKSONVILLE FL 32210
US

P.O. BOX 10975
JACKSONVILLE FL 32247
US

2. Principal Place of Business

7509 Old Plank Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

4. FEI Number

59-1795321

Applied For

Not Applicable

Zip

32220-2714

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MERRILY S
960 WESTGATE DRIVE
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name PAULA DERRICK

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

7633 LAS PALMAS Way

City JAX FL

FL Zip Code 32256

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 Paula Derrick PAULA DERRICK Treasurer 1/20/02
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

TITLE PD ☒ Delete
NAME ZAMOISKI, THERESE
STREET ADDRESS 8501 ROCK KNOLL DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE DV ☒ Delete
NAME BANDLOW, KAREN
STREET ADDRESS 2080 DERRINGER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete
NAME WHIDDON, AUDREY
STREET ADDRESS 698 LINDY LANE
CITY-ST-ZIP KINGSLAND GA 31548

TITLE TD ☒ Delete
NAME DAVIS, MERRILY S
STREET ADDRESS 960 WESTGATE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☒ Delete
NAME KIDD, APRIL
STREET ADDRESS 2210 FELUCCA DRIVE
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME YVONNE PITTMAN
STREET ADDRESS 7509 OLD PLANK RD
CITY-ST-ZIP JAX FL 32220-2714

TITLE DV ☒ Change ☐ Addition
NAME NELL DIXON
STREET ADDRESS 8493 RUCKMAN AVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME PAULA DERRICK
STREET ADDRESS 7633 LAS PALMAS Way
CITY-ST-ZIP JAX FL 32256

TITLE D ☒ Change ☐ Addition
NAME DIANE WILLIAMS
STREET ADDRESS 3547 VONTZ WAY
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Paula Derrick PAULA DERRICK 1/20/02 904-731-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)