2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90120 032 ****61.25

DOCUMENT # 741809

1. Entity Name
DECORATIVE ARTISTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
7509 OLD PLANK RD JACKCONVILLE FL 32210 US	P.O. BOX 10975 JACKSONVILLE FL 32247 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	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	7. Name and Address of New Registered Agent
DERRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE FL 32256	Name Myra N. Dixon Street Address (P.O. Box Number is Not Acceptable) 8493 Ruckman Ave City Jacksonville FL Zip Code 32221

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 Myra N Dixon 3/10/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PITTMAN, YVONNE 7509 OLD PLANK RD JACKSONVILLE FL 32220-2714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIXON, NELL ~~8493 RUCKMAN AVE~~ JACKSONVILLE FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDON, AUDREY 698 LINDY LANE KINGSLAND GA 31548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DV Rose Mary Thigpen 12353 Woodside Lane Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DERRICLE, PAULA 7633 LAS PALMAS WAY JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SD Diane Williams 3547 Vontz Way Callahan, FL 32011	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIDD, APRIL DIANE WILLIAM CALLAHAN FL 32011	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Sharon Hall P.O Box 5 Bryceville FL 32009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Wendy Kennedy 2229 Captain Kidd Dr. Fernandina Bch, FL 32034	☐ Change ☒ Addition

CR2E037 (10/02)

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 3/10/03 904 7832716