

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90961 023 ***150.00

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DOCUMENT # P98000001000

1. Entity Name
A-LYNN INTERIOR DECOR, INC.



Principal Place of Business
**1408 WESTDALE AVE.
WINTER PARK FL 32792**

Mailing Address
**1408 WESTDALE AVE.
WINTER PARK FL 32792**



2. Principal Place of Business

3. Mailing Address

2028 FLaming Arrow Ct
Suite, Apt. #, etc.

2028 FLaming Arrow Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry, FL

City & State
Casselberry FL

4. FEI Number **59-3499399**

Applied For
☐ Not Applicable

Zip Country
32730 USA

Zip Country
32730

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

**NEACE, SHARON
1408 WESTDALE AVENUE
WINTER PARK FL 32792**

Name **NEACE SHARON**

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

2028 FLaming Arrow Ct

City **Casselberry**

FL

Zip Code **32730**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-4-2003
DATE

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

TITLE **CP** ☐ Delete
NAME **NEACE, CHESTER R**
STREET ADDRESS **1408 WESTDALE AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **CP** ☒ Change ☐ Addition
NAME **NEACE, Chester R.**
STREET ADDRESS **2028 FLaming Arrow Ct**
CITY-ST-ZIP **Casselberry, FL 32730**

TITLE **P** ☐ Delete
NAME **NEACE, SHARON**
STREET ADDRESS **1408 WESTDALE AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P** ☒ Change ☐ Addition
NAME **Neace, Sharon**
STREET ADDRESS **2028 FLaming Arrow Ct**
CITY-ST-ZIP **Casselberry, FL 32730**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-03 407-657-4910

CR2E034 (10/02)