

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90103 010 \*\*\*150.00

**DOCUMENT # P97000011510**

1. Entity Name  
**ADORNMENTS, INCORPORATED**

Principal Place of Business  
**22 NORTH MAIN ST  
 LAKE PLACID FL 33852**

Mailing Address  
**P.O. BOX 1610  
 LAKE PLACID FL 33862**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**25 E. Park Avenue**

3. Mailing Address  
**719 Lake Clay Dr S.**

City & State  
**Lake Placid, FL**

City & State  
**Lake Placid, FL**

Zip  
**33852** Country  
**USA**

Zip  
**33852** Country  
**USA**

4. FEI Number **65-0730864** 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**

**JOHN HAILE, P.A.  
 119 US 27 SOUTH  
 LAKE PLACID FL 33852**

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.

SIGNATURE **Audrey L. Haile** **Cindy A. Haile** **4-30-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HAILE, AUDREY L 719 LAKE CLAY DRIVE SOUTH LAKE PLACID FL 33852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cindy A. Haile** **4-30-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)