2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

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DOCUMENT # 445820 1. Entity Name THE DECORATORS MART OF MELBOURNE, INC. Principal Place of Business 528 E NEW HAVEN AVE 528 E NEW HAVEN AVE 529 E NEW HAVEN AVE 520 E NEW HAVEN AVE 520 E NEW HAVEN AVE								. FILED			
							03 SEP -4 PM 1:52				
							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PO BOX 1867 PO BOX 1867 MELBOURNE FL 32902-8867 MELBOURNE FL 32902-8867								C 100111 Biosh Ofton Bilds (Biro 11011 0011 0)	III BIBII BIBIE BIBEI B	(1811 - 8181) (88 1	
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Principal Place of Business Amailing Address							, 100/11 01011 01001 01101 10110 11011 0011 81011 01011 01011 01011 01011 01011 -				
Suite, Apt. #, etc. Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FI	El Number 59-1512499) 	pplied For at Applicable	
32902 -	 	329	62-1867	Cour	ntry			Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent					No		7. N	ame and Address of New Register	ed Agent		
67511E	(L DON)				Name		_				
EZELLE, (J. DON) 528 E NEW HAVEN AVE							О. Во	ox Number is Not Acceptable)			
MELBOURNE FL 32901											
MELDOURINE FL 32901									· +		
					City			F	Zip Code	9	
8. The above	e named entity submits this statement	for the purp	oose of changing its	register	ed office or	registered	age	ent, or both, in the State of Florida.	m familiar with,	and accept	
the obligat	ons of registered agent.		D			3	<u>-</u>	~			
SIGNATURE .	1000		UEN	19E	= T1	ACK	<u> </u>	<u> </u>	5.03	<u> </u>	
	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOTE	: Registere	d Agent signatu	re required wh	hen rein	nstating) DAT	E		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AN	D DIRECTO	DRS	11.			ADD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	PD		☐ Delete	TITL	E ,				Change	Addition	
NAME	EZELLE, (J. DON)			NAM				7000000000	247		
STREET ADDRESS	1169 HOUSTON ST MELBOURNE FL				ET ADDRESS		O	700022759 3 19/04/0301057	>~+ 1 - **550.0€	۱ ا	
CITY-ST-ZIP	<u></u>			-	-ST-ZIP						
TITLE NAME	ST Halkias, Denise		☐ Delete	TITL	- 1				Change	Addition	
STREET ADDRESS	320 ORLANDO BLVD				ET ADDRESS					1	
CITY-ST-ZIP	INDIALANTIC FL				-ST-ZIP					1	
TITLE	VD		Delete	TITL	E E		-		· Change	Addition	
NAME	EZELLE, (RUTH)		• •	NAM	í					1	
STREET ADDRESS	720 CORAL WAY MELBOURNE FL				ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME	D EZELLE, (RUTH)		Delete	TITL	ļ				Change	Addition	
STREET ADDRESS	720 CORAL WAY			•	ET ADDRESS					İ	
CITY-ST-ZIP	MELBOURNE FL			CITY	-ST-ZIP					1	
TITLE			☐ Delete	TITL	Ε				☐ Change	☐ Addition	
NAME				NAM	E					[
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP					A didn't	
TITLE NAME			☐ Delete	TITLI					☐ Change	☐ Addition	
NAME STREET ADDRESS			,	NAM Stre	ET ADDRESS		•	•	* •	ì	
CITY-ST-ZIP					-ST-ZIP	•					
12. I hereby o	certify that the information supplied wi	th this filing	does not qualify for	the exe	mption state	ed in Secti	ion 11	19.07(3)(i), Florida Statutes I further	certify that the in	formation	
indicated	on this report or supplemental report	is true and	accurate and that m	v signa	ture shall ha	ve the sar	me le	egal effect as if made under oath; tha	Lam an officer	or director	

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 access, with all other like empowered.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: