

2000 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # 612270

1. Entity Name

WALLPAPER SHOWCASE OF ORLANDO, INC.

FILED

00 JUL 24 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4734A SOUTH KIRKMAN RD
ORLANDO FL 32811
US

Mailing Address

4734A SOUTH KIRKMAN RD
ORLANDO FL 32811
US

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 59-1906689

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAVENER, DEBRA L.
4734A SOUTH KIRKMAN RD
ORLANDO FL 32811

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PST
STREET ADDRESS CRAVENER, DEBRA L.
CITY-ST-ZIP 4734A SOUTH KIRKMAN RD
ORLANDO FL

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS LANGELLA, PATRICIA
CITY-ST-ZIP 4734 SOUTH KIRKMAN RD
ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/00

(407) 299-3423

CR2E034 (5/00)

2df2

July 18, 2000

Florida Dept of State
Tallahassee, Fl 32314

Dear Sirs,

Enclosed please find a check for \$150.00 for the annual corporation fees for this corporation. We mailed the check in April 2000 to your offices and apparently the original got lost in the mail. We have record of writing the check, but it has not cleared in our bank statement as of yet. We are sending you a new check to replace this missing check. Please process this annual report and let us know if you need any further information from us.

Sincerely,



Debra Cravener, President
Wallpaper Showcase of Orlando Inc
#612270