

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86838

1. Entity Name

MY DECORATOR, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90073 020 \*\*\*158.75

Principal Place of Business

Mailing Address

10724 WILES ROAD  
 CORAL SPRINGS FL 33076-2008

10724 WILES ROAD  
 CORAL SPRINGS FL 33076-2008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

4. FEI Number

65-0079775

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

USA

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

HEATON, MARY JANE  
 3295 PINEWALK DRIVE NORTH  
 #108  
 MARGATE FL 33063

Name ELAINE M. GILDERSLEEVE

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

4813 NW 57TH LN

City

CORAL SPRINGS

FL

Zip Code

33067

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

ELAINE M. GILDERSLEEVE Pres

(NOTE: Registered Agent signature required when reinstating)

4/20/00  
 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, 2000 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 P ☐ Delete  
 NAME GILDERSLEEVE, ELAINE M.  
 STREET ADDRESS 300 OCEAN TRAIL WAY, #103  
 CITY-ST-ZIP JUPITER FL

TITLE P ☒ Change ☐ Addition  
 NAME GILDERSLEEVE ELAINE M.  
 STREET ADDRESS 4813 NW 57TH LN  
 CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ST ☐ Delete  
 NAME HEATON, MARY JANE  
 STREET ADDRESS 3295 PINEWALK DRIVE N., #108  
 CITY-ST-ZIP MARGATE FL

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

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

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: Elaine M. Gildersleeve  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)