2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35498 Apr 23, 2001 8:00 am Secretary of State 1. Entity Name SHAR/DECOR, INC. 04-23-2001 90091 023 ***150.00 Mailing Address Principal Place of Business 7300 124TH AVENUE C/O SHARON BAILEY LARGO FL 33773-3007 7300 124TH AVENUE 642977 LARGO FL 33773-3007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2478911 Not Applicable Zip Country Country \$8.75 Additional 5.-Certificate of Status Desired = - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, SHARON Street Address (P.O. Box Number is Not Acceptable) 7300 124TH AVENUE **LARGO FL 33773** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Channe ☐ Addition BAILEY, SHARON NAME NAME STREET ADDRESS 2823 EAGLE RUN CIR N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 TITLE ☐ Delete TITLE Change Addition NAME REES, DAVID NAME STREET ADDRESS 3058 BRANCH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 -TITLE ☐ Delete TITLE ☐ Addition Change BAILEY, ROLAND NAME NAME STREET ADDRESS 2823 EAGLE RUN CIR N STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CLEARWATER FL 33760 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-0

727-5-36-6019