

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K52534

1. Entity Name

DECORATIVE WALL SYSTEMS, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 022 ***550.00

Principal Place of Business

% FRANK J. LEONETTI
625 BEACH ROAD
SARASOTA FL 34242

Mailing Address

% FRANK J. LEONETTI
625 BEACH ROAD
SARASOTA FL 34242

2. Principal Place of Business

625- Beach Rd.
Sarasota, Fl.
City & State

3. Mailing Address

Same
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0080195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONETTI, FRANK J.
625 BEACH ROAD
SARASOTA FL FL 34242

7. Name and Address of New Registered Agent

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: *Frank J. Leonetti*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-07-00
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 \$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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LEONETTI, FRANK J. | |
| STREET ADDRESS | 625 BCH RD #207 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MARY ANNE LEONETTI | |
| STREET ADDRESS | 625 BEACH RD. APT #207 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LEONETTI, DANIEL J. | |
| STREET ADDRESS | 8121 MIDNIGHT PASS ROAD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank J. Leonetti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J LEONETTI

7-07-00 (94) 349-5544
Date Daytime Phone #

CR2E034 (5/00)