

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90141 010 ***150.00

0142048 AT

DOCUMENT # K57323

1. Entity Name

ALL SONS DECORATING CENTER, INC.



Principal Place of Business

**11044 SPRING HILL DR
11060 SPRING HILL DRIVE
SPRING HILL FL 34608
US**

Mailing Address

**11044 SPRING HILL DR
11060 SPRING HILL DRIVE
SPRING HILL FL 34608
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2925799**

Applied For

Not Applicable

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

**CRISTAFALO, SALVATORE DI
11044 SPRINGHILL DR
SPRING HILL FL 34608**

Name **Michael Hall**
Street Address (P.O. Box Number is Not Acceptable) **4393 Bluewater Ave.**
City **Spring Hill** FL Zip Code **34608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PDT | <input type="checkbox"/> Delete |
| NAME | DICRISTOFALO, JOSEPH | |
| STREET ADDRESS | 9057 BEACH RD. | |
| CITY-ST-ZIP | SPRING HILL FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HALL, MICHAEL | |
| STREET ADDRESS | 4393 BLUEWATER AVE. | |
| CITY-ST-ZIP | SPRING HILL 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------|--|
| TITLE | VP/Secy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P/TALAS | <input checked="" 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 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

9-2-03

352-686 9202

Date

Daytime Phone #

CR2E034 (4/03)

FRANK FONZO, C.P.A.

Certified Public Accountant
12593 Spring Hill Dr.
Spring Hill, FL 34609
352-686-5774

ATTACHMENT
#K57323
80145191

September 3, 2003

Secretary of State
Division of Corporations
Uniform Business Report & Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

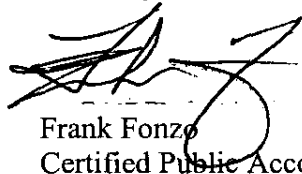
Re: All Son's Decorating Center, Inc.
Federal I.D. # 59-2925799
Document # K57323

Sirs:

We are filing the above listed document late because the corporation never received the first document. This is the second year that the original document was not received by my client. Please check your records to verify the correct address. We received the second document from a neighboring business location.

A check with the Post Office indicates that they claim they are delivering the mail to the proper address. Please advise.

Sincerely,



Frank Fonzo
Certified Public Accountant

Attachment