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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91002 033 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007506

1. Entity Name
ON THE WALL DECORATVIE BORDERS, LLC

Principal Place of Business	Mailing Address
2400 FEATHER SOUND DRIVE APT. 225 CLEARWATER, FL 33762	2400 FEATHER SOUND DRIVE APT. 225 CLEARWATER, FL 33762

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4400 118th Ave. N.	4400 118th Ave. N.
Suite, Apt. #, etc. #106	Suite, Apt. #, etc. #106
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33762 Country: USA	Zip: 33762 Country: USA

4. FEI Number 04365252 7 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACOBSON, RICHARD A 601 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602	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. 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tracy Kowalchuk 4400 118th Avenue North, Ste. 106 St. Petersburg, FL 33762 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Tracy Kowalchuk, MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #