

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0562847 AT

DOCUMENT # L42260

1. Entity Name
MEYER DECORATIVE SURFACES U.S.A., INC.

02-13-2002 90285 040 ***150.00

Principal Place of Business
1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404
US

Mailing Address
%MEYER INTERNATIONAL - INC.
11465 JOHNS CREEK PARKWAY, SUITE 380
DULUTH GA 30097
US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
Meyer International, Inc
 Suite, Apt. #, etc.
330 Patton Dr PO Box 43765
 City & State
Atlanta, GA
 Zip
30336
 Country
Fulton

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0206107

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Tax filing requirement and elects to do so.
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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDEN, H.R.		NAME		
STREET ADDRESS	1900 AUSTRALIAN AVEN 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DAVID		NAME	DAVID Sullivan	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR		STREET ADDRESS	1900 Australian Ave 2nd Floor	
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, DAVID		NAME	JACK SABLE	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR		STREET ADDRESS	1900 Australian Ave 2nd Floor	
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SIGNATURE REQUIRED** **Jack Sable** **1-25-02** **404-699 3912**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)