

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L48599

1. Entity Name
DOME CEILINGS OF VOLUSIA COUNTY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 AM 11:55

Principal Place of Business
149 CARSWELL AVE
HOLLY HILL FL 32117
US

Mailing Address
149 CARSWELL AVE
HOLLY HILL FL 32117
US

2. Principal Place of Business
50 Choctaw Trail
Suite, Apt. #, etc.

3. Mailing Address
50 Choctaw Tr
Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

Country
USA

Zip
32174

Country
USA

515103 60069 004 67.00
☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2984278
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIS, AMY
149 CARSWELL AVE
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
50 Choctaw Trail
Ormond Beach FL 32174

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 *Amy Willis* Amy Willis 5/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, SAMUEL T 149 CARSWELL AVENUE HOLLY HILL FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIS, AMY, B 149 CARSWELL AVENUE HOLLY HILL FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Choctaw Tr Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Choctaw Tr Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100020972761 06/18/03--01043--015 **80.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Amy Willis* SIGNATURE REQUIRED Amy Willis 5/6/03 386-677-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2/2 ✓

50 CHOCTAW TRAIL
ORMOND BEACH, FLORIDA 32174
386-677-3907

DO ME IT

May 6, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

In an effort to beat the May 1st deadline, I filed this year on-line. Upon doing so, I accidentally filed as a New Corporation. After several failed attempts to remedy this on-line, I called your office. They told me what the problem was and to write you and explain my plight in hopes of a late fee waiver. Normal circumstances have not been in our favor this past year; Dome It is a very small corporation employing only myself and my husband, Sam. We found out in the past year that our nine-year-old son has a very malignant brain tumor. Trying to balance his illness and our business has been trying at times and errors have been made, this being one of them. As a business owner in the State of Florida for over 13 years and hopefully many more, I am pleading for a waiver of this year's late fee of \$400 dollars.

Sincerely,



Amy Willis
Vice President