

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72533

1. Entity Name

WALL DECORUM, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 022 ***150.00

Principal Place of Business

2671 AIRPORT ROAD SOUTH
#302
NAPLES FL 34112
US

Mailing Address

2671 AIRPORT ROAD SOUTH
STE 302
NAPLES FL 34112-4810
US

2. Principal Place of Business

3. Mailing Address

1072 Goodlette Road North

1072 Goodlette Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

65-0199917

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

KRAUS, CHERYL R
1072 GOODLETTE RD N.
NAPLES FL 34102

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

Robert A. Dampier President

4-24-2000

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME DAMPIER, ROBERT A. ☐ Delete
STREET ADDRESS 6115 26TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DAMPIER, ROBERT A. ☐ Delete
STREET ADDRESS 6115 26TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Robert A. Dampier President

Date

Daytime Phone #

CR2E034 (9/99)