

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004846

1. Entity Name

CALIFORNIA EAST WALLCOVERINGS & DESIGN CENTER, I

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90039 036 ***150.00

Principal Place of Business Mailing Address
~~3 HOLLY CIRCLE~~ 1875 S. PATRICK DR. ~~3 HOLLY CIRCLE~~ 1875 S. PATRICK DR.
~~INDIALANTIC FL 32903~~ Indian Harbor Bch, ~~INDIALANTIC FL 32903~~ Indian Harbor
 FL 32937 Bch, FL
 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1875 S. PATRICK DR. 1875 S. PATRICK DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Indian Harbor Bch. FL Indian Harbor Bch FL.
 Zip Country Zip Country
 32937 USA 32937 USA

4. FEI Number Applied For
 59-3617961 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

MCGONIGLE, JAMES T
 6221 BANYAN TERR
 PLANTATION FL 33317

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

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, 2001 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 D ☐ Delete
 NAME PARRISH, GARY
 STREET ADDRESS 3 HOLLY CIRCLE
 CITY-ST-ZIP INDIALANTIC FL 32903

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

TITLE D ☐ Delete
 NAME PARRISH, JOELLEN
 STREET ADDRESS 3 HOLLY CIRCLE
 CITY-ST-ZIP INDIALANTIC FL 32903

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

(321) 773-5767

Daytime Phone #

CR2E034 (10/00)