2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90018 014 ***150.00

654837

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000016004

1. Entity Name
BROOKLEY WALLCOVERINGS, INC.

Principal Place of Business	Mailing Address
1768 16TH AVENUE NORTH LAKE WORTH FL 33460	1768 16TH AVENUE NORTH LAKE WORTH FL 33460

2. Principal Place of Business	3. Mailing Address
744 Barnett Dr.	
Suite, Apt. #, etc. BAY 1	Suite, Apt. #, etc.
City & State Lake Worth	City & State
Zip 33461 / Country Palm Bch County	Zip / Country

4. FEI Number 65-0983577 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKLEY, KATHLEEN S
1768 16TH AVENUE NORTH
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name 〃
Street Address (P.O. Box Number is Not Acceptable)
744 Barnett Dr Bay 1
City Lake Worth FL Zip Code 33461

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 Kathleen S. Brookley
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 NAME STREET ADDRESS CITY-ST-ZIP	D BROOKLEY, WILLIAM Q II 1768 16TH AVENUE NORTH LAKE WORTH FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKLEY, KATHLEEN S 1768 16TH AVENUE NORTH LAKE WORTH FL 33460	☐ 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

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: Kathleen S. Brookley Kathleen S Brookley 4/30/2001 561-586-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)