2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000031603 JEANIE TINCH DECORATOR, INC. 04-26-2001 90102 049 ***158.75 Principal Place of Business Mailing Address 214 SW 33RD TERR. 214 SW 33RD TERR. CAPE CORAL FL 33914 CAPE CORAL FL 33914 UUU52351 Principal Place of Business 3. Mailing Address ₹NYS.W. 214 Suite, Apt. #, etc Suite, Apt."#, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991819 Not Applicable <u>~</u>~ Country \$8.75 Additional Ü 5. Certificate of Status Desired 33914 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOAL JEANIE TINCH, JEANIE O Box Number is Not Aeceptable) 214 SW 33RD TERR. CAPE CORAL FL 33914 73°34°14 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 Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) X Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE PRESIDENT CR2E034 (10/00) TITLE Masident ☐ Delete ☐ Change Addition NICOLE M. TINCH NAME NAME Tinch 214 SW 3314 Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Cape Coral, FL. 33914 SECRETARY TITLE ☐ Delete TITLE Change Addition TINA M. BAKER 1581 E. DOS MUJERES NAME NAME Terr STREET ADDRESS STREET ADDRESS 33914 CITY-ST-ZIP CITY-ST-ZIP TUSCON, AZ. 85715 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78 TITLE ☐ Delete TITLE ☐ Addition Change 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR