

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90320 015 ***150.00

DOCUMENT # P00000046453

1. Entity Name

A DECORATOR'S TOUCH, INC.

Principal Place of Business

**108 COLONY BAY HARBOUR DRIVE
 PANAMA CITY BEACH FL 32407**

Mailing Address

**108 COLONY BAY HARBOUR DRIVE
 PANAMA CITY BEACH FL 32407**

2. Principal Place of Business

16790 Panama City Beach Pkwy

3. Mailing Address

16790 Panama City Beach Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach FL

City & State

Panama City Beach FL

Zip

32413

Country

FL

Zip

32413

Country

FL

4. FEI Number

59-3675799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, CHARLENE C
 108 COLONY BAY HARBOUR DRIVE
 PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

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

Charlene Schneider President 4-14-01

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. ☐

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, CHARLENE C	
STREET ADDRESS	108 COLONY BAY HARBOUR DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MCLELLAND, CONNIE T	
STREET ADDRESS	POST OFFICE BOX 27668 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charlene Schneider 4-14-01 850-230-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)