

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90091 006 \*\*\*550.00

0156057  
FP

**DOCUMENT # P01000002919**

1. Entity Name  
**LABARGE FAUX DECOR, INC.**



Principal Place of Business  
**14149 ISAMORADA DR.  
ORLANDO FL 32837**

Mailing Address  
**14149 ISAMORADA DR.  
ORLANDO FL 32837**



2. Principal Place of Business

**13882 OSPREY LINKS RD**

3. Mailing Address

**13882 OSPREY LINKS RD**

Suite, Apt. #, etc.

**APT 75**

Suite, Apt. #, etc.

**APT 75**

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32837**

Country

**USA**

Zip

**32837**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3695262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LABARGE, DENNIS  
14149 ISAMORADA DR.  
ORLANDO FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dennis Labarge*

**9/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LABARGE, MARIA	
STREET ADDRESS	14149 ISAMORADA DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DENNIS, LABARGE	
STREET ADDRESS	14149 ISAMORADA DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARGE, MARIA	
STREET ADDRESS	13882 OSPREY LINKS RD, APT 75	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARGE, DENNIS	
STREET ADDRESS	13882 OSPREY LINKS RD, APT 75	
CITY-ST-ZIP	ORLANDO, FL 32837	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis Labarge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/03 407-497-5661**

Date Daytime Phone #

CR2E034 (4/03)