FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN -5 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003477

1. Entity Name

O'GUIN DECORATIVE ARTS, CO.

DO NOT WRITE IN THIS SPACE

04/30/03-90136-007 -$158.75

2. Principal Place of Business	3. Mailing Address
5650 YAHL ST.	5650 YAHL ST.
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 35-1737787 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name O'GUIN, CHRISTOPHER

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

5650 YAHL St., #4

City NAPLES FL Zip Code 34109

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 Christopher M. O'Guin 6-2-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P/VP
NAME	O'GUIN, MICHAEL W. PRES.
STREET ADDRESS	123 W. 950 S.
CITY-ST-ZIP	KOUTS, IN 46347
TITLE	S/T
NAME	O'GUIN, LIZBETH L. SEC/TRES.
STREET ADDRESS	123 W. 950 S.
CITY-ST-ZIP	KOUTS, IN 46347
TITLE	D
NAME	O'GUIN, CHRISTOPHER M. DIR.
STREET ADDRESS	5650 YAHL ST. #4
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	O'GUIN, CORY P.
STREET ADDRESS	5650 YAHL ST. #4
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher M. O'Guin 6-2-03 239-513-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #