## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

## Jan 21, 2002 8:00 am P01000034337 DOCUMENT # Secretary of State 1. Entity Name 01-21-2002 90010 008 \*\*\*150.00 DECOR DE FRANCE, INC. Principal Place of Business Mailing Address 28A SOUTH BOULEVARD OF THE PRESIDENTS 28A SOUTH BOULEVARD OF THE PRESIDENTS SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-10885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRAWAY, JEAN E Street Address (P.O. Box Number is Not Acceptable) 28A SOUTH BOULEVARD OF THE PRESIDENTS SARAŠOTA FL 34236 Zip Code City Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE NAME CARRAWAY, EDWARD 2318 Paso Fino Dr. STREET ADDRESS STREET ADDRESS 7727 WESTMORELAND DRIVE 2318 Paso Fino Dr. Sarasota, Fl 34240 Sarasota, Fl 34240 CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE Delete TITLE NAME NAME Carraway, Jean E STREET ADDRESS STREET ADDRESS 17727 Westmoreland Drive CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete 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.

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Date

Daytime Phone #

FILED