5/6/2002-90019-(

FILED
Jul 17, 2002 8:00 am
Secretary of State
05-06-2002 90019 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075060

1. Entity Name
AMBIANCE DECOR, INC.

Principal Place of Business	Mailing Address
2005 E SILVER SPRINGS BLVD OCALA FL 34470	1748 SE 7 ST OCALA FL 34470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2005 E Silver Springs Blvd Suite, Apt. #, etc.	2005 E Silver Springs Blvd Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34470 Country: USA	Zip: 34470 Country: USA

4. FEI Number: 593735206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISHALOW, DEBRA R 1748 SE 7 ST OCALA FL 34471	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: Debra R Fishalow 3/26/02
(Required) (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME FISHALOW, DEBRA R STREET ADDRESS 1748 SW 7 ST CITY-ST-ZIP OCALA FL 34471 ☐ Delete — Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VP NAME Marianne Crokus STREET ADDRESS 3619 N.E. 16th Pl CITY-ST-ZIP Ocala FL 34470 ☐ Delete — V.P	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Pres NAME Vicki Meyers STREET ADDRESS 104 Rawlings Blvd CITY-ST-ZIP Orlando, FL 32792 ☐ Delete — Treas	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/01)

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: Debra R Fishalow Pres. 5/2/02 352-368-9984
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Ret 7-12-02

RECEIVED
7-11-02