

01-28-2004 90007 043 ***150.00

Jan 28, 2004 10:00 am

Secretary of State

01-28-2004 90007 043 ***150.00

DOCUMENT # P01000083042

1. Entity Name

FRAME OF MIND DECOR, INC

Principal Place of Business

**3001 LITTLE CYPRESS COVE
WINTER PARK FL 32792 -**

Mailing Address

**3001 LITTLE CYPRESS COVE
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

☒ 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

**HENCHAR, GREGORY M
3001 LITTLE CYPRESS COVE
WINTER PARK FL 32792**

Name

VICTOR M LOPEZ

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

3001 LITTLE CYPRESS COVE

City

WINTER PARK

FL

Zip Code

32792

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Delete
NAME	LOPEZ, VICTOR	<input type="checkbox"/>
STREET ADDRESS	3001 LITTLE CYPRESS COVE	
CITY-ST-ZIP	WINTER PARK FL 32792	

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

TITLE	VP	Delete
NAME	HENCHAR, GREGORY	<input type="checkbox"/>
STREET ADDRESS	3001 LITTLE CYPRESS COVE	
CITY-ST-ZIP	WINTER PARK FL 32792	

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

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

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

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

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

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

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

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

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #