

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 041 ***550.00

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DOCUMENT # P01000087480

1. Entity Name
JOHNS QUALITY DECORATING, INC.



Principal Place of Business
**6130 CYPRESS HOLLOW WAY
NAPLES FL 34109**

Mailing Address
**6130 CYPRESS HOLLOW WAY
NAPLES FL 34109**



2. Principal Place of Business

4650 TURN BERRY LK. DR

Suite, Apt. #, etc.

#303

3. Mailing Address

4650 TURN BERRY LK DR

Suite, Apt. #, etc.

#303

☐ CHECK HERE IF MAKING CHANGES

City & State

ESTERO FL

Zip

33928

Country

Lee

City & State

ESTERO F

Zip

33928

Country

Lee

4. FEI Number **59-3751372**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUTHER, JOHN R
6130 CYPRESS HOLLOW WAY
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **LUTHER, JOHN R.**
Street Address (P.O. Box Number is Not Acceptable)
**4650 TURN BERRY LAKE DR
#303**
City **ESTERO** FL Zip Code **33928**

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 **JOHN R. LUTHER**
Signature, typed or printed name of registered agent and title if applicable.

John R. Luther
(NOTE: Registered Agent signature required when reinstating)

7-31-03
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 NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, JOHN R 6130 CYPRESS HOLLOW WAY NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUTHER, KATHY 6130 CYPRESS HOLLOW WAY NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, JOHN R 4650 TURN BERRY LAKE DR #303 ESTERO FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUTHER, KATHY 4650 TURN BERRY LAKE DR #303 ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John R. Luther**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-03 (239) 269-5789
Date Daytime Phone #

CR2E034 (4/03)