

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jun 02, 2002 8:00 am
Secretary of State**

06-02-2002 90906 011 ***150.00

DOCUMENT # P01000090825
1. Entity Name **MAJESTIC DECOR, INC.**
4 STONEGATE DRIVE
BELLEAIR, FL 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business BELLEAIR, FL		3. Mailing Address 4 STONEGATE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BELLEAIR, FL		City & State BELLEAIR, FL	
Zip 33756	Country USA	Zip 33756	Country USA

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4. FEI Number 59-3746663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CAROLINE MERRIMAN
Street Address (P.O. Box Number is Not Acceptable) 4 STONEGATE DRIVE
City BELLEAIR
State FL
Zip Code 33756

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLINE MERRIMAN 4 STONEGATE DRIVE BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

SIGNATURE: Caroline Merriman 5/28/02 727-581-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)