## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000091719

1. Entity Name

DAN'S WALLPAPER HANGING & REMOVAL, INC.



FILED
Jul 07, 2003 8:00 am
Secretary of State
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07-07-2003 90139 012 \*\*\*150.00

DANO W	ALLI AI LII TIMAGIIA A	· izmoviz, ii vo.		1 LUS				
Principal Place of Business 670 103RD AVE N NAPLES FL 34108		Mailing Address 670 103RD AVE N NAPLES FL 34108	670 103RD AVE N		) (48) (48) (1) 83(4) (46) (46) (46) (46) (46)		, sinsa (net indi	
2 Principal D	loco of Business	3. Mailing Address	····					
2. Principal Place of Business								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3747536	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered	l Agent		
RADICK, DANIEL J				Name ·				
670 103RD AVE N			Street /	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108							Í	
			City		F	L Zip Cod	le	
	named entity submits this statementions of registered agent.	nt for the purpose of changing	g its registered office of	or registered	d agent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE .				· <u> </u>				
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered Agent signa	ture required w	rhen reinstating) DATE	<del></del> _		
After Ser	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 r Payable to Florida Departmen				Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
10		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE	PD RADICK, DANIEL J	☐ Delete	TITLE			☐ Change	Addition	
NAME . STREET ADDRESS	670 103RD AVE N		NAME STREET ADDRESS				ļ	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE			Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME Street address			NAME STREET ADDRESS	<b>]</b> ·				
CITY-ST-ZIP			CITY-ST-ZIP					
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME					
STREET ADDRESS   CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby c	ertify that the information supplied v	with this filing does not qualify	y for the exemption sta	ited in Sect	tion 119.07(3)(i), Florida Statutes. I further c	ertify that the ir	nformation	

2. 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 OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-03

239-514-1475

Daytime Phone #