

FILED

Jul 09, 2002 8:00 am
Secretary of State

06-11-2002 90400 001 ***150.00

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

DOCUMENT # P01000097315

1. Entity Name *Oriental Decor Outlet, Inc.***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9250 E. Fowler Ave.

Suite, Apt. #, etc.

3. Mailing Address

474 Knight Dr.

Suite, Apt. #, etc.

City & State

Thonotosassa, Florida

City & State

Tarpon Springs Florida

Zip

33592

Country

USA

Zip

34689

Country

USA

4. FEI Number

65-1146294

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name *GINA THOMAS*

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

*474 KNIGHT DR*City *TARPON SPRINGS FL*Zip Code *34689***DO NOT WRITE
IN THIS SPACE**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>Gina Thomas, President</i>
NAME	<i>474 Knight Dr.</i>
STREET ADDRESS	<i>Tarpon Springs, FL 34689</i>
CITY-ST-ZIP	

TITLE	
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**DO NOT WRITE
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/02 (727) *560-8262*

Date

Daytime Phone #

CR2E034B (12/01)