

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 011 ***150.00

DOCUMENT # **PO10000104869**

1. Entity Name
Inspirations For Creative Decor, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3928 South Third St.

3. Mailing Address
720 Lake Geneva Dr.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Beach, FL

City & State
St. Augustine FL

4. FEI Number
59-3752585

Applied For
Not Applicable

Zip
32250

Country
U.S.

Zip
32092

Country
U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Scott L. Glazier**
Street Address (P.O. Box Number is Not Acceptable)
8825 Perimeter Park Blvd.
Suite 504
City **Jacksonville** **FL** Zip Code **32216**

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 **Scott L. Glazier**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director
Ramona Borna
720 Lake Geneva Dr.
St. Augustine FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / Secretary / Treasurer
Amanda Borna
720 Lake Geneva Dr.
St. Augustine FL 32092

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/30/02

Date

904/270-1964

Daytime Phone #

CR2E034B (12/01)