

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90181 044 ***150.00

DOCUMENT # P01000115943

1. Entity Name
SIGNATURE STYLE DECORS, INC.



Principal Place of Business
405 CENTRAL AVE
SUITE 201
SAINT PETERSBURG FL 33701
US

Mailing Address
405 CENTRAL AVE
SUITE 201
SAINT PETERSBURG FL 33701
US



2. Principal Place of Business

7116 1st Ave S

3. Mailing Address

7116 1st Ave S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number 59-3759725

Applied For

Not Applicable

Zip 33707

County Pinellas

Zip 33707

County Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFING, DEBORAH
405 CENTRAL AVENUE
SUITE 201
SAINT PETERSBURG FL 33701

7116 1st Ave S
33707

Name

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

City

FL

Zip Code

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

DEBORAH A. RUFFING

Deborah A. Ruffing

1/22/03

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT
NAME RUFFING, DEBORAH A
STREET ADDRESS 405 CENTRAL AVE SUITE 201
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME RUFFING, DEBORAH
STREET ADDRESS 405 CENTRAL AVE SUITE 201
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DEBORAH A. RUFFING

Deborah A. Ruffing

1/22/03 894-0794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)