

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000122274**

1. Entity Name

SIMPLY DECORATING CORP.

Principal Place of Business

**700 OCEAN ROYALE WAY, STE. 1203
JUNO BEACH FL 33408**

Mailing Address

**700 OCEAN ROYALE WAY, STE. 1203
JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0028851

Applied For

Not Applicable

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

HALL, DESJARDIN

**700 OCEAN ROYALE WAY, STE. 1203
JUNO BEACH FL 33408**

Name **PATRICIA DESJARDIN HALL**

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

700 OCEAN ROYALE

SUITE 1203

City

Juno Beach

FL

Zip Code

33408

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

Patricia Desjardin Hall

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

(NOTE: Registered Agent signature required when reinstating)

3/22/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, PATRICIA D 700 OCEAN ROYALE WAY, STE. 1203 JUNO BEACH FL 33408	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Desjardin Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/02
561-0694 Daytime Phone # **8396**

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90171 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)