

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

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90025 045 ***150.00

DOCUMENT # **P01000122274**

1. Entity Name **Simply Decorating**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 Ocean Royale Way
Suite, Apt. #, etc. **1203**

3. Mailing Address

Same as
Suite, Apt. #, etc. **#2**

City & State

Juno Beach, FL.

City & State

4. FEI Number

80-0028801

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

Country

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 **PATRICIA D. HALL**

Street Address (P.O. Box Number is Not Acceptable)
700 Ocean Royale Way

Juno Beach

FL

Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

694-8396

Daytime Phone #

CR2E034B (12/02)