

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-24-2003 90228 008 ***150.00

DOCUMENT # P02000053807

1. Entity Name
AFFORDABLE DECORATING, INC.



Principal Place of Business
P.O. BOX 2396
HAVANA FL 32333

Mailing Address
P.O. BOX 2396
HAVANA FL 32333

55043032



2. Principal Place of Business

281 BACKLAP RD

3. Mailing Address

JAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAVANA FL

City & State

NAVANA FL

4. FEI Number

71-088633

Applied For

Not Applicable

Zip
32333

Country
COSTA RICA

Zip
32333

Country
COSTA RICA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKAY, CATHERINE J
15 SALAM CT.
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name CATHERINE J. MACKAY
Street Address (P.O. Box Number is Not Acceptable)
281 BACKLAP RD.
City NAVANA FL Zip Code 32333

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

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

TITLE P
NAME MACKAY, CATHERINE J
STREET ADDRESS P.O. BOX 2396
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE V
NAME MACKAY, EDWARD M
STREET ADDRESS P.O. BOX 2396
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE S
NAME ROGERS, ROXANNE
STREET ADDRESS P.O. BOX 2396
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 850 539620

Date

Daytime Phone #

CR2E034 (10/02)