

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90201 003 ***158.75

DOCUMENT # P02000079654

1. Entity Name
DECORS BY JACQUELINE, INC.



Principal Place of Business

1102 S US 1

VERO BEACH FL 32962

Mailing Address

1102 S US 1

VERO BEACH FL 32962

2. Principal Place of Business

3755 7th Terr.

3. Mailing Address

3755 7th Terr.

Suite, Apt. #, etc.

Ste 101

Suite, Apt. #, etc.

Ste 101

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32960

Country

US

Zip

32960

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

81-0562020

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNALLY, ROBERT C

1102 S US 1

VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

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

3755 7th Terr.

Suite 101

City

Vero Beach

FL

Zip Code

32960

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **MCNALLY, JACQUELINE P**
STREET ADDRESS **522 BAY DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **VT** ☐ Delete
NAME **MCNALLY, ROBERT C**
STREET ADDRESS **522 BAY DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

Date

772-569-0999

Daytime Phone #

CR2E034 (10/02)