

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90165 005 ***150.00

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1. Entity Name
D&M WINDOW DECORATING, INC.



Principal Place of Business
**7859 ASHMONT CIR . BLDG I-4
TAMARAC FL 33321-7887**

Mailing Address
**7859 ASHMONT CIR . BLDG I-4
TAMARAC FL 33321-7887**

2. Principal Place of Business
1905 North Ocean Blvd.

3. Mailing Address
1905 North Ocean Blvd.

Suite, Apt. #, etc.
Unit #14D

Suite, Apt. #, etc.
Unit #14D

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33305

Country
USA

Zip
33305

Country
USA

4. FEI Number
33-1020154

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KRASNA, GARY M P.A.
3010 N. MILITARY TR STE 210
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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 _____ (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	<input type="checkbox"/> Delete
NAME	CICCONE, DOMENICK	
STREET ADDRESS	7859 ASHMONT CIR . BLDG I-4	
CITY-ST-ZIP	TAMARAC FL 33321-7887	
TITLE	S	<input type="checkbox"/> Delete
NAME	CICCONE, MARSHA K	
STREET ADDRESS	7859 ASHMONT CIR . BLDG I-4	
CITY-ST-ZIP	TAMARAC FL 33321-7887	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ciccone, Domenick	
STREET ADDRESS	1905 North Ocean Blvd, Unit #14D	
CITY-ST-ZIP	Fort Lauderdale, FL 33305	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ciccone, Marsha K	
STREET ADDRESS	1905 North Ocean Blvd, Unit #14D	
CITY-ST-ZIP	Fort Lauderdale, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Domenick Ciccone* **1/15/03 954-563-9530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)