

## 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000010291

1. Entity Name

DECODESIGNS &amp; ART CORPORATION

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90454 042 \*\*\*150.00

Principal Place of Business

Mailing Address

273 NE 43RD STREET

273 NE 43RD STREET

POMPAÑO BEACH FL 33064

POMPAÑO BEACH FL 33064

2. Principal Place of Business

2961 FRIERSON STREET

3. Mailing Address

2961 FRIERSON STREET

Suite Apt. #, etc.

LOT 25

Suite Apt. #, etc.

LOT 25

City &amp; State

FORT MYERS

City &amp; State

FORT MYERS

Zip

33916

Country

USA

Zip

33916

Country

4. FEI Number

82-0583604

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOS SANTOS, WILLIAM A

273 NE 43RD STREET

POMPAÑO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

11601 S. CLEVELAND AVE STE 6

City

FORT MYERS

FL

Zip Code

33907

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2004 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


TITLE	P	<input type="checkbox"/> Delete
NAME	DOS SANTOS, WILLIAM A	
STREET ADDRESS	273 NE 43RD STREET	
CITY-ST-ZIP	POMPAÑO BEACH FL 33064	
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		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOS SANTOS, WILLIAM A	
STREET ADDRESS	2961 FRIERSON STREET LOT 25	
CITY-ST-ZIP	FORT MYERS, FL 33916	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2004

(239) 878-2029

Date Daytime Phone #