2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000027207

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

A DECADE APART, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 92-10-2003 90115 032 ***150.00

						- W	استنت						
Principal Place of Business 22671 SR 247 LAKE CITY FL 32024				g Address SR 247				,					
LAKE ÇITY F	L 32024		LAKE	CITY FL 32024									
US				US				110	AKANGA ITA INDIAN JITIK ARI	II 2011 BEIK 001	E& (1811 184E& 1181)	59 181 1884 1881	
2. Principal i	SR 247 CITY FL 32024 Incipal Place of Business Ite, Apt. #, etc. y & State Country 6. Name and Address of Current RISTENSEN, DOUGLAS L 171 SR 247 KE CITY FL 32024 ABBOVE neithed entity submits this statement for comparition of registered agent. HURE Signature Appeal or printed name of registered agent FILE NOW!!! FIE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Check Payable to Florida Department of CHRISTENSEN DOUGLES L 22671 SR 247 LAKE CITY FL 32024			3. Mailing Address				11	ONEON HAD IDADE INTO DEF			90 100 143	
2. This part as 5 of 550miles				J. Mannig Hadridge									
Suita Ant	# etc		Suita	e, Apt. #, etc.									
Suite, Apt	н, екс.		June	s, Αρι. π , σιο.					☐ CHECK HE	RE IF MAKI	NG CHANGES	i	
City & State				City & State				4. FEI Number FO 040004F Applied For					
0.1, 0.0		3.1, 2.3				4. FEI Number 59-3183315 Applied For Not Applicable							
Zip	Country	Zip Co		Count	Country								
2.5				Country			Count	5. Certificate of Status Desired					
	6 Name a	nd Address of Current	Registere	d Agent	<u> </u>		i	7 Names	and Address of Ne	w Renistere	·		
	<u> </u>	The Address of Current	i i e gi stere	· ·		Name		71, IVAIIIO C	and Address Or Me	W. Hegistere	u Agent		
CHRISTE	NSEN DOLIG	AS I			ĺ	T Tallio							
	₩4. .					Street Address (P.O. Box Number is Not Acceptable)							
LAKE CIT	Y FL 32024	3											
والان		8				City					Zip Cod	10	
Ada a s		,				Oity				F	L Zip Coc		
• 8 The above	e named entity s	ub r its this statement fo	r the purp	ose of changing its	registere	d office o	registered	d agent, or	both, in the State o	f Florida. I a	m familiar with,	and accept	
the objiga	nions of register	ed å gent.											
	The sale	M. Chint	11.	0	101	h CL	ins en	Pra	_	2-	3-03		
SIGNATURE	ZICALA A C	printed name of registered agent	and title if ann	DOUGLAS licable (NOTE				hen reinstating)		DATE.	· · · · ·		
273,3-27			1	- (17572	L. Hagiataroa	- I gent dignat		, , , , , , , , , , , , , , , , , , ,	•		-		
								9.	Election Campaign	. Financing	\$5.0	0 мау Ве	
								"	Trust Fund Contrib	_		d to Fees	
Make Chec	k Payable to I	logda Department o	f State										
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITION	NS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE		<u>‡</u>		☐ Delete	TITLE						Change	☐ Addition	
NAME	22671 SR 247												
STREET ADDRESS					STREE	T ADDRESS							
CITY-ST-ZIP	LAKE CITY	-L 32024			CITY-	ST-ZIP							
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

MOTOR OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE SIGNATURE: 2