

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90084 014 ***150.00

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1. Entity Name

DE MARE WALLCOVERINGS, INC.



Principal Place of Business

**3474 N UNIVERSITY DR
STE 246
SUNRISE FL 33351
US**

Mailing Address

**8911 NW 26TH PL
SUNRISE FL 33322
US**

2. Principal Place of Business

8911 NW 26th Place

Suite, Apt. #, etc.

Sunrise, Florida

City & State

33322 Broward.

Zip

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0434440

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

DE MARE, PIETER

3474 N UNIVERSITY DRIVE

STE 246

SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **DEMARE, Pieter**

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

8911 NW 26th Place

City **Sunrise**

FL

Zip Code

33322

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

TITLE **D** ☐ Delete
NAME **DE MARE, PIETER**
STREET ADDRESS **3474 N UNIVERSITY DR STE 246**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VP** ☒ Delete
NAME **DEMARE, JENNIFER**
STREET ADDRESS **3474 N UNIVERSITY DR STE 246**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **REMOVE.**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03 (954) 444-1967

Date

Daytime Phone #

CR2E034 (10/02)