

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018794

1. Entity Name
VELVET TOUCH DECORATING, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90167 042 ***150.00

Principal Place of Business
12812 RAYMOND DR
LOXAHATCHEE FL 33470-4922

Mailing Address
12812 RAYMOND DR
LOXAHATCHEE FL 33470-4922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
05128 MOCKINGBIRD LANE
Suite, Apt. #, etc.

3. Mailing Address
05128 MOCKINGBIRD LANE
Suite, Apt. #, etc.

City & State
FRUITLAND PARK - FL
Zip
34731
Country
LAKE

City & State
FRUITLAND PARK - FL
Zip
34731
Country
LAKE

4. FEI Number 65-0480410
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MICHELS, RUBY G
12812 RAYMOND DR
LOXAHATCHEE FL 33470-4922

7. Name and Address of New Registered Agent
Name Ruby G. Michels
Street Address (P.O. Box Number is Not Acceptable) 05128 MOCKINGBIRD LANE
City FRUITLAND PARK FL Zip Code 34731

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 Ruby G. Michels, Pres 2/1/2001
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, 2001 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruby G. Michels, Pres. 2/1/2001 352-319-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)