

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000043038**

1. Entity Name

**FLORAL & HOME DECOR INC.**



**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90072 034 \*\*\*550.00

0108192  
AV

Principal Place of Business  
**960 N. COLLIER BLVD. STE 6**  
**MARCO ISLAND FL 33937**

Mailing Address  
**960 N. COLLIER BLVD. STE 6**  
**MARCO ISLAND FL 33937**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0509826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNOZ, ALEXIS**  
**960 N. COLLIER BLVD. STE 6**  
**MARCO ISLAND FL 33937**

Name

*Marion Munoz*

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

*1083 N. Collier Blvd #332*

City

*Marco FL*

FL

Zip Code

*34145*

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

*Alexis Munoz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/26/03*

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MUNOZ, ALEXIS</b>	
STREET ADDRESS	<b>1083 N. COLLIER BLVD #332</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUNOZ, MARION</b>	
STREET ADDRESS	<b>1083 N. COLLIER BLVD #332</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Marion Munoz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/26/03*  
Date

*339 404-1881*  
Daytime Phone #

CR2E034 (4/03)