2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am DOCUMENT # **P94000048429** Secretary of State 1. Entity Name GLOBAL REDECORATION, INC. 05-18-2000 90373 027 ***158.75 Principal Place of Business Mailing Address 6079 BOCA COLONY DR 6079 BOCA COLONY DR 1032 1032 **BOCA RATON FL 33433-8076** B0095603 BOCA RATON FL 33433 HS 2. Principal Place of Business 3. Mailing Address 22783 SOUTH STATE Rd 7 22783 SOUTH STATE Rd Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #3 Applied For City & State City & State 4. FEI Number 65-0496394 ATONIFL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEVRIES, JACK L JR Street Address (P.O. Box Number is Not Acceptable) 6079 BOCA COLONY DR 1032 **BOCA RATON FL 33433** City Zip Code 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 L. DE VRIES JE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This constraint is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition TITLE Delete TITLE DEVRIES JACKLEE JR 22783 SOUTH STATE Rd 7 #31 DE VRIES, JACK LEE JR NAME MAME 6079 BOCA COLONY DR #1032 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIE **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP... ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expert as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block, 12 in Block 12

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Changed, or on an attachment with an address, with all other-like/empowered.

4/28/00

ACK LET DEURIES JR ARESIDENT S6/3263594