

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90125 015 \*\*\*158.75

**DOCUMENT # P94000048429**



1. Entity Name  
**GLOBAL REDECORATION, INC.**

Principal Place of Business  
**22783 SOUTH STATE RD 7  
31  
BOCA RATON FL 33428  
US**

Mailing Address  
**22783 SOUTH STATE RD 7  
31  
BOCA RATON FL 33428  
US**

2. Principal Place of Business  
**9845 THREE LAKES CIRCLE  
Suite, Apt. #, etc.  
1 G**

3. Mailing Address  
**9845 THREE LAKES CIRCLE  
Suite, Apt. #, etc.  
1 G**

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

Zip  
**33428**

Country  
**US**

Zip  
**33428**

Country  
**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0496394**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DEVRIES, JACK L JR  
22783 SOUTHSIDE RD 7 #31  
BOCA RATON FL 33428**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEVRIES, JACK LEE JR</b>	
STREET ADDRESS	<b>22783 SOUTHSIDE RD 7 #31</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVRIES, JACK LEE JR</b>	
STREET ADDRESS	<b>9845 THREE LAKES CIRCLE 1 G</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **JACK L. DEVRIES JR. Pros 4/21/03 561 436 5014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)