2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

DOCUMENT # P95000053517 Apr 24, 2000 8:00 am Secretary of State PARK PLACE DECOR INC. 04-24-2000 90117 029 ***150.00 Principal Place of Business Mailing Address 13395 SE MARQUETTE BLVD. 13395 SE MARQUETTE BLVD. FORT MYERS FL 33905-1836 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 65-6101608 4.18 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKE, EDWARD E JR. Street Address (P.O. Box Number is Not Acceptable) 13395 SE MARQUETTE BLVD. FORT MYERS FL 33905 Zio Code City 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00... 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition TITLE □ Delete TITLE PARKE, EDWARD E JR. NAME NAME 17**3**54 STREET ADDRESS STREET ADDRESS 13395 SE MARQUETTE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Addition ☐ Change D Delete TITLE TITLE NAME Parke, Frieda L NAME STREET ADDRESS STREET ADDRESS 13395 SE MARQUETTE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if