

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 041 ***150.00

DOCUMENT # **P960000020510** ✓

1. Entity Name

DECORUM, INC

001010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5132 WILLOW LEAF DR.

3. Mailing Address

4411 BEE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 131

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0650385

Applied For

Not Applicable

Zip

34241

Country

Zip

34233

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BOBBIE PETZOLDT

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

5132 WILLOW LEAF DR

City

SARASOTA

FL

Zip Code

34241

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-12-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is: \$150.00

After May 1 Fee is: \$550.00

Amended UBR is: \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ROBERTA S. PETZOLDT
5132 WILLOW LEAF DR.
SARASOTA, FL 34241**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

[Signature]

4-12-02