

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90651 037 ***150.00

DOCUMENT # P96000044347

1. Entity Name

DECORATING RESOURCES, INC.



Principal Place of Business

**5690 SARAH AVE
SARASOTA FL 34233**

Mailing Address

**5690 SARAH AVE
SARASOTA FL 34233**

2. Principal Place of Business

5225 S. TAMiami TR

3. Mailing Address

5225 S. TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number **65-0835611**

Applied For

Not Applicable

Zip
34231

Country
SARASOTA

Zip
34231

Country
SARASOTA

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

**DOROSK, JOHN
5690 SARAH AVE
SARASOTA FL 34233**

Name **SAME**

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

5225 S. TAMiami TR

City **SARASOTA**

FL

Zip Code
34231

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 **John Dorosk** **JOHN DOROSK VP** **1-8-03**
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DOROSK, SHEILA K**
STREET ADDRESS **5690 SARAH AVENUE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition
NAME **5225 S. TAMiami TR**
STREET ADDRESS **SARASOTA FL 34231**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DOROSK, JOHN C**
STREET ADDRESS **5690 SARAH AVENUE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition
NAME **5225 S. TAMiami TR**
STREET ADDRESS **SARASOTA FL 34231**
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **John Dorosk** **JOHN DOROSK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

941-923-6587

Daytime Phone #

CR2E034 (10/02)