

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062319

1. Entity Name

ALLISON TRACY WALLPAPERING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 016 ***150.00

Principal Place of Business

Mailing Address

~~716 DUBOIS DRIVE~~
FORT WALTON BEACH FL 32547

~~716 DUBOIS DRIVE~~
FORT WALTON BEACH FL 32547-7114

2. Principal Place of Business

743 Overbrook Dr.

3. Mailing Address

743 Overbrook Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Walton Beach FL

City & State

Ft Walton Beach FL

Zip

32547

Country

Zip

32547

Country

4. FEI Number

59-3390563

Applied For

Not Applicable

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

TRACY, ALLISON
~~716 DUBOIS DRIVE~~
FT. WALTON BEACH FL 32547

Name

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

743 Overbrook Drive

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TRACY, ALLISON ☐ Delete
STREET ADDRESS ~~716 DUBOIS DRIVE~~
CITY-ST-ZIP FORT WALTON BEACH FL

TITLE ☒ Change ☐ Addition
NAME 743 Overbrook Dr.
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME TRACY, KENNETH R ☐ Delete
STREET ADDRESS ~~716 DUBOIS DRIVE~~
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☒ Change ☐ Addition
NAME 743 Overbrook Dr.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison Tracy Allison Tracy (president) 4/28/00 850-864-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)