Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 30 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/12/02--01005--029
*****61.25 *****61.25

DOCUMENT # P97000040158

1. Entity Name: C.Lufcy Commercial Decorators, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3165 McCrory Place	3165 McCrory Place
Suite 299	Suite 299
Orlando, Florida	Orlando, Florida
Zip: 32803 Country: U.S.A.	Zip: 32803 Country: U.S.A.

4. FEI Number: 59-3444750 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles Lufcy

Street Address (P.O. Box Number is Not Acceptable): 3165 McCrory Place

Suite 299

City: Orlando FL Zip Code: 32803

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: _____ DATE

9. The 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: C.E.O., Treasurer NAME: Charles Lufcy STREET ADDRESS: 3165 McCrory Place Suite 299 CITY-ST-ZIP: Orlando, Fl 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: President NAME: Micaiah Lufcy STREET ADDRESS: 3165 McCrory Place Suite 299 CITY-ST-ZIP: Orlando, Fl 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President, Assistant treasurer NAME: Keturah Lufcy STREET ADDRESS: 3165 McCrory Place Suite 299 CITY-ST-ZIP: Orlando, Fl 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Michael Lockwood STREET ADDRESS: 3165 McCrory Place Suite 299 CITY-ST-ZIP: Orlando, Fl 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Assistant Secretary NAME: Paul Windsor STREET ADDRESS: 3165 McCrory Place Suite 299 CITY-ST-ZIP: Orlando, Fl 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E004 (12/01)

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: _____ 8/13/02 Date 407-448-4267 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR