

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066639

1. Entity Name

DECORATING CONCEPTS OF THE PALM BEACHES, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 003 ***150.00

Principal Place of Business

C/O DESPINA DEMETRIOS
2560 KITTBUCK WAY
WEST PALM BEACH FL 33411

Mailing Address

5762 OKEECHOBEE BLVD
PMB 504
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

3. Mailing Address

2560 KITTBUCK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

Zip

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0785049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMETRIOS, DESPINA

2560 KITTBUCK WAY

WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

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, 2002 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 **P**
NAME **DEMETRIOS, JOHN**
STREET ADDRESS **2560 KITTBUCK WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**
☐ Delete

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

TITLE **VTS**
NAME **DEMETRIOS, DESPINA**
STREET ADDRESS **2560 KITTBUCK WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Despina Demetrios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VTS

DESPINA DEMETRIOS 4-18-02 (561) 687-3939

Date

Daytime Phone #

CR2E034 (9/01)