## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DESTIN FL 32550

SUITE 202

US

10859 EMERALD COAST PKWY W

DOCUMENT #

Principal Place of Business

SUITE 202

US

DESTIN FL 32550

10859 EMERALD COAST PKWY W

P97000088328

WALLPAPER CRAFTERS, INC.



## **FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90119 013 \*\*\*150.00

**TTU3U238** 



Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addiffer Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SCHEYD, JOSEPH M JR 305 MAIN STREET  DESTIN FL 32541  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00			3. Mailing Address			T 100 H DOT 11/0 TANK 100 H TANK 00 H CONH CONH DUIGH 10 HA NA 11/00 HAND 1/00 H CONH	
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SCHEYD, JOSEPH M JR -  305 MAIN STREET  DESTIN FL 32541  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, a the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  S. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE: Registered Agent signature required when reinstalling)  DATE  \$5.00  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstalling)  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.  Signature typed or printed name of registered agent and title if applicable.					<u></u>	4. FEI Number 59-3472048	Applied For Not Applicable
SCHEYD, JOSEPH M JR  305 MAIN STREET  DESTIN FL 32541  City  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstaling)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution  Added.	Zip	Country	Zip	ip Count			8.75 Additional
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution Added	SIGNATURE		As della familia	ANOTE Desistan	4 4	DATE	
After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution Added	Sig	nature, typed or printed hame of registered ager	and title if applicable.	(NOTE: Hagistere	- Agent signature req	uired when reinstaling) DATE	
	After M	ay 1, 2003 Fee will be \$550.00	1				\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete NAME PITMAN, HAZEL WANDA NAME STREET ADDRESS 10859 EMERALD COAST PKWY W., STE #202 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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