2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P98000002701 1. Entity Name INTERNATIONAL DECORATOR SUPPLY COMPANY 04-13-2001 90038 010 ***150.00 Principal Place of Business Mailing Address 9404 VONN ROAD 9404 VONN ROAD SEMINOLE FL 33776 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0811815 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME BEACH, DONALD JEAN Street Address (P.O. Box Number is Not Acceptable) 9404 VONN ROAD SEMINOLE FL 33776 Zip Code 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 DONALD BEACH Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE WIGGINS, EDMUND NAME NAME STREET ADDRESS STREET ADDRESS 7956 44TH AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 ☐ Change ☐ Addition ☐ Delete TITLE TITL F BEACH, DONALD JEAN NAME NAME STREET ADDRESS 9404 VONN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ___ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENT 4-9-0

727-302-2655

Daytime Phone #