

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098990

1. Entity Name

FLEUR DE LYS DECORS, INC.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91328 013 \*\*\*150.00

Principal Place of Business

8473 BAY COLONY DRIVE  
SUITE 1701  
NAPLES FL 34108

Mailing Address

8473 BAY COLONY DRIVE  
SUITE 1701  
NAPLES FL 34108

00067389

2. Principal Place of Business

8930 Bay Colony Dr.  
Suite, Apt. #, etc.  
#1103

3. Mailing Address

8930 Bay Colony Dr.  
Suite, Apt. #, etc.  
#1103



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3542627

Applied For

Not Applicable

Zip

34108

Country

Zip

34108

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVIN, ROBIN

8473 BAY COLONY DRIVE  
SUITE 1701  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

8930 Bay Colony Dr., #1103

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LAVIN, ROBIN  
8473 BAY COLONY DRIVE, SUITE 1701  
NAPLES FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8930 Bay Colony Dr., #1103 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Cecelia R. Lavin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20 / 07

Date

Daytime Phone #