

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001041

1. Entity Name

DECORATING ENTERPRISES, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91599 029 ***150.00

552572



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1514 W. HIAWATHA ST.
TAMPA FL 33604

Mailing Address

1514 W. HIAWATHA ST.
TAMPA FL 33604

2. Principal Place of Business

1514 W. HIAWATHA ST.
Suite, Apt. #, etc.

3. Mailing Address

1514 W. HIAWATHA ST.
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. FEI Number 59-3548981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEOWN, DARREN G
1514 W. HIAWATHA ST.
TAMPA FL 33604

Name
DARREN G. MCKEOWN
Street Address (P.O. Box Number is Not Acceptable)
1514 W. HIAWATHA ST.
City
TAMPA FL Zip Code
33604

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKEOWN, DARREN G
1514 W. HIAWATHA ST.
TAMPA FL 33604 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINQUIST, WILLIAM A
1514 W. HIAWATHA ST.
TAMPA FL 33604 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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:

Darren Mckeown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 813 231 8995
Date Daytime Phone #

CR2E034 (10/00)