

DOCUMENT # P99000012389

1. Entity Name
DECORATOR VILLAGE DEVELOPMENT COMPANY, INC.

Principal Place of Business

4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8/9/00-90076-024-\$450.00-\$450.00

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC -7 PM 1:10



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3561413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDLER, ASA W III
4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

12/3/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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
FITZGERALD, WILLIAM EDWARD
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANDLER, ASA W III
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003509880
-12/21/00--01029--009
***300.00 ***300.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP
AD

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/00

941-262-3054

CR2E034 (500)