

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90131 022 \*\*\*150.00

**DOCUMENT # P99000025221**



1. Entity Name  
**RBR WALLCOVERINGS, INC.**

Principal Place of Business  
**624 14TH AVENUE NORTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**PO BOX 24668  
JACKSONVILLE FL 32241**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-3562877**

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**

~~HERNANDEZ, MEREDITH A~~  
**3617 CROWN POINT ROAD, STE 2**  
**JACKSONVILLE FL 32257**

Name  
**Suite # 2**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Meredith A Hernandez* DATE **3/15/03**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>REYES, ROLANDO</b>	
STREET ADDRESS	<b>PO BOX 24668</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32241</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>REYES, KRISTEN</b>	
STREET ADDRESS	<b>PO OBX 24668</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32241</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/05/03** Daytime Phone # **288-8999**

CR2E034 (10/02)