

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033829

1. Entity Name  
WALL DESIGNS BY SHERRY INC.

Principal Place of Business  
1801 E COLONIAL DR  
107  
ORLANDO FL 32803

Mailing Address  
1801 E COLONIAL DR  
107  
ORLANDO FL 32803

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

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

City & State  
Zip

City & State  
Zip

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90121 022 \*\*\*150.00

00052479



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0908286

Applied For

Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GANS, SHERRY  
818 E PALM RUN DR  
NORTH LAUDERDALE FL 33068

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 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

PD  
GANS, SHERRY  
818 E PALM RUN DR  
NORTH LAUDERDALE FL 33068

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

4848 N State Rd 7  
Coconut Creek #206  
Fla 33073

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:

Sherry Gans

4-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)