

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90065 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT #. P99000033935

1. Entity Name

WALL PAPER Express Corporation

Principal Place of Business

Mailing Address

4319 NW both terrace

4319 NW both terrace

GAINESVILLE, FL 32606

GAINESVILLE, FL 32606

2. Principal Place of Business

4319 NW both TERRACE

3. Mailing Address

4319 NW both TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3581754

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

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

DANIEL LEVISTON
 4319 NW both TERRACE
 GAINESVILLE, FL 32606

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, 2000 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	Daniel Leviston	
STREET ADDRESS	4319 NW both terrace	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Daniel Leviston	
STREET ADDRESS	4319 NW both terrace	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Daniel Leviston	
STREET ADDRESS	4319 NW both terrace	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Daniel Leviston	
STREET ADDRESS	4319 NW both terrace	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Daniel Leviston DANIEL LEVISTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2000

Date

(352) 392-2441

Daytime Phone #

CR2E034 (9/99)