

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90299 027 ***150.00

DOCUMENT # P99000061434

1. Entity Name
CARIBBEAN DECOR INNOVATIONS, INC.
Colours by Decor Internatl, Inc.

Principal Place of Business 5058 OAK RUN DR. SARASOTA FL 34243	Mailing Address 5058 OAK RUN DR. SARASOTA FL 34243-3500
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23 TALL TREES CT	3. Mailing Address 23 TALL TREES CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State Sarasota Fla	4. FEI Number 65 0942414	Applied For <input type="checkbox"/> Not Applicable
Zip 34232	Country	Zip 34232	Country

6. Name and Address of Current Registered Agent
PHENEY, JAMES F
 5058 OAK RUN DR.
 SARASOTA FL 34243

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

7. Name and Address of New Registered Agent
 Name **PHENEY JAMES F.**
 Street Address (P.O. Box Number is Not Acceptable)
23 TALL TREES CT
 City **SARASOTA FL** Zip Code **34232**

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]* **PHENEY, JAMES F.** DATE **4-27-2000**

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

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

SIGNATURE: *[Signature]* **JAMES F. PHENEY** DATE **4-27-2000** DAYTIME PHONE # **941 3773793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR