2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

FILED DOCUMENT # **P99000067986** May 17, 2000 8:00 am Secretary of State AMERICAN DECORATING CENTERS, INC. 05-17-2000 90933 018 ***150.00 Principal Place of Business Mailing Address 32 SOUTH LINKS AVE., STE. 300-22 SOUTH LINKS AVE. STE. 200 SARASOTA FL 34236 5013 GARAGOTA FL-34230 2. Principal Place of Business 3. Mailing Address 6500 14th Street West <u>6500 14th Street West</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 34207 Not Applicable 34207 Bradenton, Bradenton. 65-0937745 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Shea Ralph Street Address (P.O. Box Number is Not Acceptable) MORAN, JOHN A 22 SOUTH LINKS AVE., STE. 300 6500 14th Street West SARASOTA FL 34236 Zip Code Bradenton, FL 34207 ment to the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this state SIGNATURE title if applicable hea Raiph (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ★ Change ☐ Delete TITLE TITLE President RALPH, SHEA NAME NAME 22 SOUTH LINKS AVE., STE. 300 6500 14th Street West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradenton, FL 34207 CITY-ST-ZIP **CARACOTA FL 34236** Change Addition TITLE ☐ Delete TITLE Treasurer Michael Starr NAME NAME STREET ADDRESS STREET ADDRESS 6500 14th Street West CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34207 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

HEAL RAPP

941-756-8900