

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 025 ***150.00

DOCUMENT # P99000067986

1. Entity Name
AMERICAN DECORATING CENTERS, INC.



Principal Place of Business
**6500 14TH STREET WEST
BRADENTON FL 34207**

Mailing Address
**6500 14TH STREET WEST
BRADENTON FL 34207**



2. Principal Place of Business

3. Mailing Address

5252 S. Tamiami Trail

5252 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

☐ - CHECK HERE IF MAKING CHANGES

City & State

City & State

Sarasota, FL

Sarasota FL

4. FEI Number **65-0937745**

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

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

**RALPH, SHEA
6500 14TH STREET WEST
BRADENTON FL 34207**

Name

Ralph, Shea

Street Address (P.O. Box Number is Not Acceptable)

5252 S. Tamiami Trail

Suite C

City

Sarasota

FL

Zip Code

34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RALPH, SHEA
6500 14TH STREET WEST
BRADENTON FL 34207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Ralph, Shea
5252 S. Tamiami Trail # C
Sarasota, FL 34231**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0547805
AV

CR2E034 (10/02)