

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90234 048 \*\*\*150.00

**DOCUMENT # P99000101822**

1. Entity Name  
**REEFLIFE DECORATIONS, INC.**



Principal Place of Business  
**4217 NE 12TH TERRACE  
POMPANO BEACH FL 33064**

Mailing Address  
**4217 NE 12TH TERRACE  
POMPANO BEACH FL 33064**



2. Principal Place of Business

3. Mailing Address

**743 SE 1ST Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Deerfield Bch, FL 33441**

4. FEI Number

**65-0964087**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33441**

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

**TAYLOR, MIKE**

**4271 NE 12 TERRACE**

**POMPANO BEACH FL 33064**

Name

**Mike Taylor**

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

**743 SE 1ST Way**

City

**Deerfield Bch**

FL

Zip Code

**33441**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, MIKE</b>	
STREET ADDRESS	<b>4271 NE 12 TERRACE</b>	<b>743 SE 1ST Way</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	<b>Deerfield Bch, FL 33441</b>
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**03/19/03**

Date

**954-415-0445**

Daytime Phone #

CR2E034 (10/02)