2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # G88482 Jul 21, 2000 8:00 am 1. Entity Name **Secrétary of State** SHERRY DUBOIS INTERIOR DESIGN. INC. 07-21-2000 90152 038 ***550.00 Principal Place of Business Mailing Address 9085 PERTH ROAD 9085 PERTH ROAD LAKE WORTH FL 33467 LAKE WORTH F 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2386347 Not Applicable Zip Country Zip \$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 SABERSON, ROGER G. Street Address (P.O. Box Number is Not Acceptable) 70 SE 4TH AVE. **DELRAY BEACH FL 33483** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00_May_Be_ After SEPTEMBER 13: 2000 Min. will be \$750:00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change Delete TITLE DUBOIS, WAYNE NAME NAME STREET ADDRESS 9085 PERTH RD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE **DUBOIS, SHERRY** NAME 9085 PERTH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C!TY-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 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.