2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90077 003 ***150.00

0008407

DOCUMENT # P97000036446

1. Entity Name
LESLY MAXWELL INTERIORS, INC.

Principal Place of Business	Mailing Address
658 W. INDIANTOWN ROAD SUITE 207 JUPITER FL 33458	~~111 NEW HAVEN BLVD.~~ ~~JUPITER FL 33458~~ Same as Principal

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 658 W. Indiantown Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 207
City & State	City & State Jupiter FL
Zip / Country	Zip 33458 / Country USA

4. FEI Number 65-0752457 ☐ Applied For ☐ Not Applicable

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
MAXWELL, MICHAEL 600 SANDTREE DRIVE SUITE 202-C PALM BEACH GARDENS FL 33403	Name Michael Maxwell Street Address (P.O. Box Number is Not Acceptable) 658 W. Indiantown Suite 207 City Jupiter FL **FL** Zip Code 33458

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] 3/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 D NAME HANFORD-MAXWELL, LESLY STREET ADDRESS ~~111 NEW HAVEN BLVD~~ CITY-ST-ZIP ~~JUPITER FL 33458~~ ☐ Delete	TITLE NAME STREET ADDRESS 658 N. Indiantown Rd CITY-ST-ZIP Suite 207 Jupiter, FL 33458 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/00)

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.

SIGNATURE: [signature] 2/17/01 561 745 1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #