

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90009 035 ***150.00

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DOCUMENT # P00000064133
 1. Entity Name
NILSEN INTERIOR DESIGN & SPACE PLANNING, INC.

Principal Place of Business
306 BIRD KEY DR.
SARASOTA FL 34236

Mailing Address
306 BIRD KEY DR.
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4153 ACORN CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
4753 ACORN CIRCLE
 Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34233

Country

4. FEI Number **65-1040341**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JARRARD, DAVID
306 BIRD KEY DR.
SARASOTA FL 34236
4753 ACORN Cir.
34233

7. Name and Address of New Registered Agent
 Name
 Street Address (R.O. Box Number is Not Acceptable)
4753 ACORN CIRCLE
 City **SARASOTA** **FL** Zip Code **34233**

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, 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, 2002 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NILSEN, BARBARA		NAME		
STREET ADDRESS	306 BIRD KEY DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
	4753 ACORN CIRCLE				
	34233				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: Barbara L. Nilsen **2-20-02 941-929-7665**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)