

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-06-2002 90131 040 ***150.00

DOCUMENT # P98000075478 ✓

1. Entity Name
CAROL NEFF INTERIORS, INC.

Principal Place of Business

208 N.E. 8TH AVE.
DELRAY BEACH FL 33483

Mailing Address

208 N.E. 8TH AVE.
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0862297**

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

NEFF, CAROL
208 N.E. 8TH AVE.
DELRAY BEACH FL 33483

Name

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

City

FL

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **NEFF, CAROL**
STREET ADDRESS **208 N.E. 8TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **CO-SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

CAROL A. NEFF

INTERIORS, INC.
208 NORTH EAST 8TH AVENUE
DELRAY BEACH, FL 33483
561-276-6950
FAX 561-272-0214

Doc. # 070400
098000075478

July 31, 2002

To: Whom it may concern:

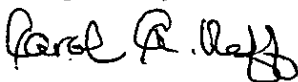
From: Carol A. Neff

Re: ~~2002 Uniform Business Report payment.~~

To my knowledge this is the first notice that I have received. As per the IMPORTANT INFORMATION SECTION – FREQUENTLY ASKED QUESTION # 8 I am submitting the original \$150.00 filing fee.

Thank you for your attention to this matter.

Respectfully,



Carol A. Neff
Carol Neff Interiors