

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519625

1. Entity Name
BONLEE INTERIORS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90031 035 ***150.00

Principal Place of Business
**809 WALKERBILT RD
NAPLES FL 33910
US**

Mailing Address
**809 WALKERBILT RD
NAPLES FL 34110-1511
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.
Suite #5

City & State

City & State

4. FEI Number
59-1739160

Applied For
Not Applicable

Zip
34110

Country

Zip

Country

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

**TRACY, SHIRLEE K
809 WALKERBILT, SUITE 5
NAPLES FL 34110**

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.

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P TRACY, SHIRLEE KONOWAL 809 WALKERBILT RD NAPLES FL 34110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

941-594-6868

Daytime Phone #

CR2E034 (9/99)