

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 614445

1. Entity Name  
**DYESS INTERIORS, INC.**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90104 030 \*\*\*150.00

Principal Place of Business 1822 UPLAND ROAD WEST PALM BEACH FL 33409	Mailing Address 1822 UPLAND ROAD WEST PALM BEACH FL 33409-6428
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1913601</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DYESS, GERALD F., SR. 1822 UPLAND ROAD WEST PALM BEACH FL 33409</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME <b>S</b> STREET ADDRESS <b>DYESS, MARIE J.</b> CITY-ST-ZIP <b>2366 SARASOTA BAY DRIVE</b> <b>W PALM BCH, FL 00000</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>S</b> STREET ADDRESS <b>DYESS, MARIE J.</b> CITY-ST-ZIP <b>2366 SARASOTA BAY DRIVE</b> <b>WEST PALM BEACH, FL 33409</b>
TITLE <input checked="" type="checkbox"/> Delete NAME <b>T</b> STREET ADDRESS <b>DYESS, RANDALL B.</b> CITY-ST-ZIP <b>8375 WATERWAY DRIVE</b> <b>W PALM BCH, FL 00000</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME <b>P</b> STREET ADDRESS <b>DYESS, GERALD FRANK SR</b> CITY-ST-ZIP <b>2366 SARASOTA BAY DRIVE</b> <b>W PALM BCH, FL 00000</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>P D</b> STREET ADDRESS <b>DYESS, GERALD FRANK SR</b> CITY-ST-ZIP <b>2366 SARASOTA BAY DRIVE</b> <b>WEST PALM BEACH, FL 33409</b>
TITLE <input checked="" type="checkbox"/> Delete NAME <b>VD</b> STREET ADDRESS <b>DYESS, GERALD FRANK JR</b> CITY-ST-ZIP <b>7726 S. NEMEC DR.</b> <b>W PALM BCH, FL 00000</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: [Signature] x 1-14-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #