2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90001 043 ***150.00

DOCUMENT # F16041

1. Entity Name
ALICE FOWLER INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
1680 KNOB LANE VALLEY FORGE, PA 19481	PO BOX 1777 VALLEY FORGE, PA 19482-1777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1680 KNOB LANE		PO BOX 1777	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VALLEY FORGE, PA		City & State: VALLEY FORGE, PA	
Zip: 19481	Country: CHESTER	Zip: 19482-1777	Country: CHESTER

4. FEI Number 59-2068631 ☐ 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
WILLIAM F. VIVORI 30 LAKEVIEW COURT PALM HARBOR, FL 34683	Name: DAVID MORENO Street Address (P.O. Box Number is Not Acceptable): 4735 WALLCRAFT AVE City: TAMPA FL Zip Code 33611

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] DAVID MORENO 4/1/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PST NAME ALICE K. FOWLER STREET ADDRESS 1680 KNOB LANE CITY-ST-ZIP VALLEY FORGE, PA 19481	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VD NAME JOSEPH C. FOWLER STREET ADDRESS 1680 KNOB LANE CITY-ST-ZIP VALLEY FORGE, PA 19481	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] JOSEPH C. FOWLER 4/1/00 610 783-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #