

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90088 036 \*\*\*150.00

**DOCUMENT # F43088**

1. Entity Name  
**DESIGN HOUSE INTERIORS, INC.**

Principal Place of Business  
**3573 MERCHANTILE AVENUE**  
**NAPLES FL 34104**  
**US**

Mailing Address  
**3573 MERCHANTILE AVENUE**  
**NAPLES FL 34104**  
**US**

2. Principal Place of Business  
**150 Pine Lake Dr**  
 Suite, Apt. #, etc. **(Effective 6/1/02)**

3. Mailing Address  
**150 Pine Lake Dr**  
 Suite, Apt. #, etc. **(Effective 6/1/02)**

City & State  
**Whispering Pines, N.C.**  
 Zip **28327** Country **USA**

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4. FEI Number **59-2119931**  
 Applied For ☐ Not Applicable

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

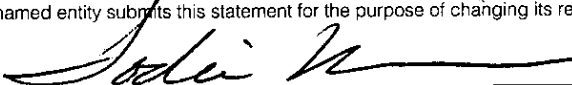
## 6. Name and Address of Current Registered Agent

**JONES, KERMIT E.**  
**7080 VILLA LANTANA WAY**  
**NAPLES FL 34108**

## 7. Name and Address of New Registered Agent

Name **Jodie Wright**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1080 Milano Dr**  
 City **Naples, FL** Zip Code **34103**

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  **JODIE WRIGHT** DATE **4-16-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, KERMIT E. 7080 VILLA LANTANA WAY NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, JOYCE G. 7080 LANTANA WAY NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Jones, Kermit E. 150 Pine Lake Dr, Whispering Pines, NC-28327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jones, Joyce G. 150 Pine Lake Dr, Whispering Pines, N.C. 28327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Kermit E. Jones Pres.** DATE **4/15/02** DAYTIME PHONE # **941 643.5388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAJOR AV

CR2E034 (9/01)