

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90748 018 ***158.75

DOCUMENT # F43088

1. Entity Name
DESIGN HOUSE INTERIORS, INC.



Principal Place of Business
150 PINE LAKE DR
EFFECTIVE 6/1/02
CARTHAGE NC 28327
US

Mailing Address
150 PINE LAKE DR
EFFECTIVE 6/1/02
CARTHAGE NC 28327
US

2. Principal Place of Business

3. Mailing Address

3573 Mercantile Ave
Suite, Apt. #, etc.

3573 Mercantile Ave
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

Collier

Zip

34104

Country

Collier

4. FEI Number

59-2119931

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WRIGHT, JODIE
1080 MILANO DR
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Spencer Fischl

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

4697 25th Court SW

City

Naples

FL

Zip Code

34116

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

Spencer F. Fischl, VP

4/30/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, KERMIT E.	
STREET ADDRESS	150 PINE LAKE DR	
CITY-ST-ZIP	WHISPERING PINES NC 28327	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOYCE G.	
STREET ADDRESS	150 PINE LAKE DR	
CITY-ST-ZIP	WHISPERING PINE NC 28327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Fischl	
STREET ADDRESS	4697 25th Court SW	
CITY-ST-ZIP	Naples, FL 34116	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spencer Fischl	
STREET ADDRESS	4697 25th Court SW	
CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Spencer F. Fischl, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 (239) 434-2227

CR2E034 (10/02)