

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90105 005 ***150.00

DOCUMENT # F56465

1. Entity Name
ROBERTS' INTERIORS DESIGN, INC.



Principal Place of Business
940 CLEARWATER/LANDFORD
LARGO FL 33770
US

Mailing Address
940 CLEARWATER
LARGO FL 33770
US

2. Principal Place of Business

940 CLEARWATER-LARGO RD.
Suite, Apt. #, etc.

3. Mailing Address

940 CLEARWATER-LARGO RD.
Suite, Apt. #, etc.

City & State
LARGO FL

Zip
33770 Country
USA

City & State
LARGO FL

Zip
33770 Country
USIT

4. FEI Number
59-2143057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, JANA L
1660 GULF BLVD. #703
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name
ROBERTS, JANA L.
Street Address (P.O. Box Number is Not Acceptable)

1401 JACOBSON CIRCLE

City
SUN CITY CENTER FL Zip
33573

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

(NOTE: Registered Agent signature required when reinstating)

1-8-03
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

TITLE
PST
NAME
ROBERTS, JANA L
STREET ADDRESS
1660 GULF BLVD 703
CITY-ST-ZIP
CLEARWATER FL 33767

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST
NAME
ROBERTS, JANA L.
STREET ADDRESS
1401 JACOBSON CIRCLE
CITY-ST-ZIP
SUN CITY CENTER FL 33573

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:
Jana Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 727 559-0038
Date Daytime Phone #

CR2E034 (10/02)