

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90044 018 ***150.00

DOCUMENT # F98000000087

1. Entity Name
AMELIA INTERIOR DESIGN, INC.

Principal Place of Business
**503-C CENTRE ST
 AMELIA ISLAND FL 32034
 US**

Mailing Address
**503-C CENTRE ST
 AMELIA ISLAND FL 32034
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1605327**

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

**SCHOLZ, RICHARD
 8 MARSH HAWK RD.
 FERNANDINO BEACH FL 32034**

Name **RITA Scholz**

Street Address (P.O. Box Number is Not Acceptable)
503C Centre Street

City **Amelia Island**

FL

Zip Code
32034

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 *Rita Scholz*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/01
 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, 2001 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 **PDC**
SCHOLZ, RITA
 STREET ADDRESS **8 MARSH HAWK RD.**
 CITY-ST-ZIP **FERNANDINO BEACH FL 32034** ☐ Delete

TITLE
 NAME **NANCY DeEHAN** ☐ Change ☒ Addition
 STREET ADDRESS **503 C Centre Street**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE
 NAME **VS**
SCHOLZ, RICHARD
 STREET ADDRESS **8 MARSH HAWK RD.**
 CITY-ST-ZIP **FERNANDINO BEACH FL 32034** ☒ Delete

TITLE
 NAME **PDC**
RITA Scholz ☒ Change ☐ Addition
 STREET ADDRESS **503 C Centre Street**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Rita Scholz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 904-261-6963
 Date Daytime Phone #

CR2E034 (10/00)