FILED

## 2002 UNIFORM BUSINESS REPORT (URR)

DOCUMENT # H23572  1. Entity Name  BARBARA N. YERGENS INTERIORS, INC.								Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90210 040 ***150.00				
Principal Place of Business  * BARBARA N. YERGENS  736 AZALEA LANE  VERO BCH. FL 32963				Mailing Address  % BARBARA N. YERGENS P O BOX 643238 VERO BCH. FL 32964							DURU BILIÙ P	1 <b>0</b> 11 <b>1</b> 1217 1 <b>00</b> 1
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI Number S9-2502774 Applied For Not Applicable				
Zip	Country			Zip	Country	,	5. Certificate of Status Desired   \$8.75 Additional Fee Required				litional d	
6. Name and Address of Current Registered Agent							7	Name and Addr	ess of New Reg	istered Ag	ent-	
YERGENS, BARBARA N. 736 AZALEA LANE VERO BCH. FL 32963						Name Street Address (P.O. Box Number is Not Acceptable)						
						City	FL Zip Code				9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable.  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.  Make Check Payable to Department of							ure required when r	reinstating)  10. Election	Campaign Finar	DATE		<b>0</b> May Be to Fees
11. OFFICERS AND				DIRECTORS 12.			ΔΓ	_ <u> </u> DDITIONS/CHAN	IGES TO DEELC	EBS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 VILLA	, BARBARA N.		☐ Delete	TITLE NAME	ADDRESS 1-21P		sereni Ves ville		-	٦	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YERGENS, 211 VILLA	, WILLIAM P.		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS ^-ZIP	_	Sereni Jes Ville		5	Change	☐ Addition /
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP	7	-	<del></del>	· C	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - Zip					] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP					] Change	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 chapters of the corporation.

SIGNATURE:

1-29-02 561-234-548

SIGNATURE:

1-29-02 561-234-5486