

# 2001 UNIFORM BUSINESS REPORT (UBR)

0363876

DOCUMENT # J12529

1. Entity Name

SIMPLY ELEGANT INTERIORS, INC.

FILED

01 MAY -1 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

152 1ST AVE N  
TIERRA VERDE FL 33715  
US

Mailing Address

152 1ST AVE N  
TIERRA VERDE FL 33715  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2674101

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIETER, TERRI  
152 1ST AVE N  
TIERRA VERDE FL 33715

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PST  
NAME DIETER, TERRI  
STREET ADDRESS 152 1ST AVE. NO.  
CITY-ST-ZIP TIERRA VERDE FL ☒ Delete

TITLE *STEPHEN M. DIETER*  
NAME *152 1ST AVE N*  
STREET ADDRESS *TIERRA VERDE, FL 33715*  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V  
NAME DIETER, STEPHEN M.  
STREET ADDRESS 152 1ST AVE. NO.  
CITY-ST-ZIP TIERRA VERDE FL ☒ Delete

TITLE *TERRI DIETER*  
NAME *152 1ST AVE N*  
STREET ADDRESS *TIERRA VERDE FL 33715*  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01* *727-581-5051*  
Date Daytime Phone #

CR2E034 (10/00)