## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **J42062** May 08, 2000 8:00 am Secretary of State 1. Entity Name INTERIORS BY KATHERINE, INC. 05-08-2000 90089 045 \*\*\*150.00 Principal Place of Business Mailing Address 3917 KADEN DR. EAST 3917 KADEN DRIVE EAST JACKSONVILLE FL 32211 JACKSONVILLE FL 32277-1541 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2742510 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired -7. Name and Address of New Registered Agent = 6. Name and Address of Current Registered Agent MCDANIEL, KATHERINE L. Street Address (P.O. Box Number is Not Acceptable) 2917 KADEN DRIVE EAST JACKSONVILLE FL 32211 Zip Code City 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, woed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSO ☐ Addition ☐ Change TITLE Delete MCDANIEL, KATHERINE L. NAME NAME 3917 KADEN DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSÖNVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCDANIEL, MITCHELL NAME 3917 KADEN DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 🕳 🔲 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 impowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/26/2000 904-743-5494

☐ Change

Addition