

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-13-2003 90264 045 ***150.00

DOCUMENT # J56658

1. Entity Name
INTERIORS BY DUPREZ, INC.



Principal Place of Business
**4160 SOUTHSIDE BLVD.
SUITE 5
JACKSONVILLE FL 32216
US**

Mailing Address
**4160 SOUTHSIDE BLVD.
SUITE 5
JACKSONVILLE FL 32216
US**



2. Principal Place of Business
10930 U.S. Highway 1 North
Suite, Apt. #, etc.

3. Mailing Address
10930 U.S. Highway 1 North
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Augustine, FL
Zip
32095
Country
US

City & State
St. Augustine, FL
Zip
32095
Country
US

4. FEI Number
59-2815382

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, LOUIE E. III
193 SOUTH ROSCOE BLVD.
PONTE VEDRA BCH. FL 32082**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	☐ Delete
NAME WILLIAMS, LOUIE E., III	
STREET ADDRESS 193 S. ROSCOE BLVD.	
CITY-ST-ZIP PONTE VEDRA BEACH FL	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:

LOUIE E. Williams, III **2-12-03** **810-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)