

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90148 022 ***150.00

DOCUMENT # J95626

1. Entity Name
JUDITH WEILAND-COON INTERIOR DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2840 N.E. 21ST COURT

3. Mailing Address
2840 N.E. 21ST COURT

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-0005721

Zip
33305

Country
US

Zip
33305

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JUDITH COON
Street Address (P.O. Box Number is Not Acceptable)
2840 N.E. 21ST COURT

City
FORT LAUDERDALE FL Zip Code
33305

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
COON, JUDITH

2840 N.E. 21ST COURT
FORT LAUDERDALE, FL

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH W. COON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/02)