

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65808

1. Entity Name

FRED HIND INTERIORS, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90027 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1414 GLENEAGLES DR  
VENICE FL 34292  
US

4195 S TAMiami TRAIL  
176  
VENICE FL 34293-5112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DOWD & RYDER, CPA. PA  
1521 S. TAMiami TRAIL, SUITE 303  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

HIND, FRED

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

4195 S. TAMiami TRAIL

SUITE 176

City

VENICE

FL

Zip Code

34293-5112

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

*Fred Hind* Jan 25, 2000

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, 2000 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

TITLE ☐ Delete

NAME HIND, FRED

STREET ADDRESS 4195 S. TAMiami TRAIL  
CITY-ST-ZIP VENICE FL

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #