

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90076 035 \*\*\*150.00

**DOCUMENT # P00000000547**

**1. Entity Name**  
**INTERIOR DESIGN SERVICES ON THE GULFCOAST OF FL.**  
**, INC.**



**Principal Place of Business**  
**12996 S CLEVELAND AVE**  
**SUITE PBS #40**  
**FORT MYERS FL 33907**

**Mailing Address**  
**13700-5 RALEIGH LANE**  
**FT. MYERS FL 33919**

**2. Principal Place of Business**  
**13650 FIDDLESTICKS BLVD**

**3. Mailing Address**  
**13650 FIDDLESTICKS BLVD**

**Suite, Apt. #, etc.**  
**#102**

**Suite, Apt. #, etc.**  
**#102**

**City & State**  
**FT. MYERS FL**

**City & State**  
**FORT MYERS, FL**

**Zip**  
**33912**

**Country**  
**USA**

**Zip**  
**33912**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **65-0979067**

**Applied For**  
**Not Applicable**

**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**

**SHORTRIDGE, LYNN W**  
**13700-5 RALEIGH LANE**  
**FT. MYERS FL 33919**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 31, 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		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>SHORTRIDGE, LYNN W</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>13700-5 RALEIGH LANE</b>		<b>CITY-ST-ZIP</b>		
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33919</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>VD</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>MEMOLI, KATHLEEN</b>		<b>CITY-ST-ZIP</b>		
<b>CITY-ST-ZIP</b>	<b>13740-3 DOWNING LANE</b>		<b>CITY-ST-ZIP</b>		
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33919</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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**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:** *[Signature]* **LYNN W. SHORTRIDGE - PRESIDENT** **239-275-3983**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **4/23/03** **Daytime Phone #**

CR2E034 (10/02)