

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004455

1. Entity Name
SOUTH FLORIDA INTERIORS OF THE PALM BEACHES,
INC.



Principal Place of Business
1015 BEL AIR DR
APT 1
HIGHLAND BEACH, FL 33487

Mailing Address
1015 BEL AIR DR
APT 1
HIGHLAND BEACH, FL 33487



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0978968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPPELEAR, MARGARITA
1015 BEL AVE DRIVE APT 1
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000108434
04/12/04-80003-009 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHAPPELEAR, MARGARITA
STREET ADDRESS 1015 BEL AIR DR 1
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE S
NAME CHAPPELEAR, MAGGIE
STREET ADDRESS 1015 BEL AIR DR APT 1
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE V
NAME ZUCKER, ELLSABETH
STREET ADDRESS 8385 IRONHORSE COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

561-272
0057

Daytime Phone #