

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90199 009 ***150.00

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0978968**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ZUCKER, ELIZABETH
3745 NW 23RD CT.
BOCA RATON FL 33431**

Name **Margarita Chappellear**
Street Address (P.O. Box Number is Not Acceptable)
1015 Bel Air Drive Apt 1
City **Highland Beach** FL **33487**

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 Margarita Chappellear
Signature, typed or printed name of registered agent and title if applicable.

2-12-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ZUCKER, ELIZABETH**
STREET ADDRESS **3745 NW 23 CT.**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ~~Elizabeth Zucker~~ ☐ Delete
NAME ~~8385 Ironhorse Court~~
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 **PRESIDENT** ☒ Change ☐ Addition
NAME **Margarita Chappellear**
STREET ADDRESS **1015 Bel Air Dr #1**
CITY-ST-ZIP **Highland Beach FL 33487**

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

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Elizabeth Zucker**
STREET ADDRESS **8385 Ironhorse Court**
CITY-ST-ZIP **West Palm Beach, FL 33412**

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

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:

Margarita Chappellear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 (561) 272-
Date Daytime Phone # **0057**

CR2E034 (10/02)