

2001 UNIFORM BUSINESS REPORT (JBR)

DOCUMENT # P00000010027

1. Entity Name

WINDERMERE INTERIORS, INC.

Principal Place of Business

2958 MARQUESAS CT.
WINDERMERE FL 34786

Mailing Address

2958 MARQUESAS CT.
WINDERMERE FL 34786

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

FANELLI, ANNE
2958 MARQUESAS CT.
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Anne M. Fanelli

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

2958 MARQUESAS CT.

City

WINDERMERE

FL

Zip Code

34786

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

Anne M. Fanelli

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/12/2001

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 \$550.00

After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT
ANNE FANELLI
2958 MARQUESAS CT.
WINDERMERE FLA 34786☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP500004702255--8
-12/03/01--01047--034
*****600.00 *****600.00☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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:

Anne M. Fanelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2001 (407) 876-3822

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 6:25



05-18-01 91222 010 \$150.00

REINSTATEMENT 01

4. FEI Number

Applied for

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required0109656
AV

CR2E034 (5/01)