

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/24/2003-90111-022-\$150.00-\$150.00

DOCUMENT # P00000027045

1. Entity Name

SHELLEY KLAUSMAN, A.S.I.D. INTERIOR DESIGN, INC.



FILED

03 AUG -8 AM 9:07

Principal Place of Business
1633 LAKESIDE DRIVE
ORLANDO FL 32803

Mailing Address
1633 LAKESIDE DRIVE
ORLANDO FL 32803

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304
08/08/03--01064--024 **400.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2679626

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

KLAUSMAN, MICHELE
114-C PARK AVE. SOUTH
WINTER PARK FL 32789

Name

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

1633 Lakeside Drive

City

Orlando

FL

Zip Code

32803

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME KLAUSMAN, MICHELLE
STREET ADDRESS 1140 PARK AVE SOUTH
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS 1633 Lakeside Drive
CITY-ST-ZIP Orlando, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Klausman

Date

Daytime Phone #

CR2E034 (4/03)