

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90021 019 ***158.75

DOCUMENT # P00000034177

1. Entity Name
ULTIMATE INTERIORS & ACCESSORIES, INC.

Principal Place of Business

924 FAIRLANE DRIVE
 SUITE 3
 LAKELAND FL 33809

Mailing Address

924 FAIRLANE DRIVE
 SUITE 3
 LAKELAND FL 33809

2. Principal Place of Business

3348 Hwy. 92 E.

3. Mailing Address

1048 N. Missouri Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL.

City & State

Lakeland FL. 33805

4. FEI Number

59-3639116

Applied For

Not Applicable

Zip

Country

Zip

Country

33801

33805

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

RIZZO, JOHN W
 924 FAIRLANE DRIVE
 SUITE 3
 LAKELAND FL 33809

Name

Eric B. Padilla

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

1048 N. Missouri Ave.

City

Lakeland

FL

Zip Code

33805

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 **Eric B. Padilla**

E B Padilla

5-3-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIZZO, JOHN W	
STREET ADDRESS	1028 HAMMOCK SHADE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	RIZZO, EILEEN M	
STREET ADDRESS	1028 HAMMOCK SHADE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric B. Padilla	
STREET ADDRESS	1048 N. Missouri Ave.	
CITY-ST-ZIP	Lakeland FL.	
TITLE	Emmanuel Padilla (Vice Pres)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emmanuel Padilla	
STREET ADDRESS	509 W. Crescent Dr.	
CITY-ST-ZIP	Lakeland FL. 33805	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glorinda Padilla	
STREET ADDRESS	509 W. Crescent Dr.	
CITY-ST-ZIP	Lakeland FL. 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

E B Padilla

5-3-01

(853) 858-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)