

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058382

1. Entity Name

KA-TINA CHIRILLO INTERIORS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91306 007 ***158.75

657944



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1346 MAINSAIL DR., UNIT 1313 NAPLES FL 34114		Mailing Address 1346 MAINSAIL DR., UNIT 1313 NAPLES FL 34114	
2. Principal Place of Business 136 DEBRON DRIVE Suite, Apt. #, etc.		3. Mailing Address 136 DEBRON DRIVE Suite, Apt. #, etc.	

City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 65-1037824		Applied For Not Applicable	
Zip 34112	Country Collier	Zip 34112	Country Collier	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent SCHWARTZ, ANDREW M ESQ. 1701 WEST HILLSBORO BLVD., STE. 308 DEERFIELD BEACH FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHIRILLO, KA-TINA 1346 MAINSAIL DR., UNIT 1313 NAPLES FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHIRILLO, KA-TINA 136 DEBRON DRIVE NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIRILLO, KA-TINA 1346 MAINSAIL DR., UNIT 1313 NAPLES FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIRILLO, KA-TINA 136 DEBRON DRIVE NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: KA-TINA CHIRILLO KA-TINA CHIRILLO 4/30/01 941-775-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)