## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000078506 1. Entity Name HAMPTON INTERIORS, INC. 05-03-2001 90091 012 \*\*\*150.00 Mailing Address Principal Place of Business C/O JEFFERSON F. RIDDELL, P.A. 7864 W IRLO BRONSON HWY KISSIMMEE FL 34747 3400 S. TAMIAMI TRAIL SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address STREET MARKET STREET MARKET **6**01 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3666021 Applied For City & State CELEBRATION Not Applicable \$8.75 Additional 5. Certificate of Status Desired Aکک Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEMPHILL JIM RIDDELL, JEFFERSON F Street Address (P.O. Box Number is Not Acceptable) 3400 SOUTH TAMIAMI TRIAL SARASOTA FL 34239 KISSIMMEE 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. JANET (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR OFFICER DΡ □ Delete TITLE TITLE BRIAN WILLE NAME <del>Wilkes. Brian</del> NAME 7864 WIRLD BRONSON HWY STREET ADDRESS 7864 W. Irlo Bronson Hwy STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL. Addition Change ☐ Delete TITLE PP TITLE NAME NAME Wilkes, Janet GOI MARKETST. STREET ADDRESS STREET ADDRESS <del>7864 W. Islo-Bon</del> CITY-ST-ZIP CITY-ST-7iP ☐ Defete TITLE NAME WILKES NAME # 470126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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. JANETWILLES **SIGNATURE:** RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #