

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081540

1. Entity Name

FINE ENGLISH PINE & ACCESSORIES ETC., INC.

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

05-17-2001 91074 036 ***150.00

Principal Place of Business
 4895 WINDWARD PASSAGE DRIVE
 SUITE 11
 BOYNTON BEACH FL 33436

Mailing Address
 4895 WINDWARD PASSAGE DRIVE
 SUITE 11
 BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1038233

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name
 LOUISE ANNETTE MURPHY

Street Address (P.O. Box Number is Not Acceptable)
 3324 LAKEVIEW DRIVE

City DELRAY BEACH FL Zip Code 33445

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 LOUISE ANNETTE MURPHY - PRES

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 PSTD
 NAME MURPHY, LOUISE A ☐ Delete
 STREET ADDRESS 4895 WINDWARD PASSAGE DRIVE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE PSTD ☒ Change ☐ Addition
 NAME MURPHY, LOUISE A
 STREET ADDRESS 3324 LAKEVIEW DRIVE
 CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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.

ANNETTE LOUISE MURPHY - PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)