

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 030 ***550.00

DOCUMENT # P00000091465

1. Entity Name

RESORT INTERIORS BY DESIGN, INC.

Principal Place of Business

Mailing Address

**1516 HONOR CT
 LEHIGH ACRES FL 33971**

**1516 HONOR CT
 LEHIGH ACRES FL 33971**

2. Principal Place of Business

3. Mailing Address

11400 METRO PKWY

11400 METRO PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

City & State

FT. MYERS FL

FT. MYERS FL

Zip

Country

Zip

Country

33912

USA

33912

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, RALPH
 1516 HONOR CT
 LEHIGH ACRES FL 33971**

Name

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

City

Zip Code

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

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) ☒

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 **PT** ☐ Delete
 NAME **TODD, RALPH**
 STREET ADDRESS **1516 HONOR CT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE **VS** ☐ Delete
 NAME **TODD, CONNIE**
 STREET ADDRESS **1516 HONOR CT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE ☐ Delete
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 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.

Ralph Todd **RALPH TODD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 **941-939-9688**
 Date Daytime Phone #