

2001 UNIFORM BUSINESS REPORT (UBR)

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

UBR01/02/01

DOCUMENT # P00000094231

1. Entity Name

KIMBERLY INTERIORS, INC.

05-16-2001 90224 048 ***150.00

Principal Place of Business

Mailing Address

**340 OAK AVE.
 SANTA ROSE BEACH FL 32459**

**340 OAK AVE.
 SANTA ROSE BEACH FL 32459**

766303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5597 US Hwy 98 W

5597 US Hwy 98 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

SANTA ROSA BEACH FL

SANTA ROSA BEACH FL

4. FEI Number

65-1046001

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

USA

32459

USA

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

**EDERER, KIMBERLY S
 340 OAK AVE.
 SANTA ROSE BEACH FL 32459**

Name

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

City

FL

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)

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	Pres.	<input type="checkbox"/> Delete
NAME	Kimberly Ederer	
STREET ADDRESS	340 Oak Ave	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly S. Ederer

4-27-01

Date

850-622-0588

Daytime Phone #

CR2E034 (10/00)