

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90310 028 ***150.00

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1. Entity Name
HUMPHREY INTERIOR CONSTRUCTION, INC.



Principal Place of Business
~~41 LOYOLA RD.~~ 5801 S. MIAMI
VENICE FL 34293

Mailing Address
41 LOYOLA RD.
VENICE FL 34293

2. Principal Place of Business
5801 S. MIAMI RD
Suite, Apt. #, etc.

3. Mailing Address
5801 S. MIAMI RD
Suite, Apt. #, etc.

City & State
VENICE, FL
Zip
34293
Country
USA

City & State
VENICE, FL
Zip
34293
Country
USA

4. FEI Number 65-1069079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUMPHREY, JOHN B
41 LOYOLA RD.
VENICE FL 34293

7. Name and Address of New Registered Agent

Name
JOHN B HUMPHREY
Street Address (P.O. Box Number is Not Acceptable)
5801 S. MIAMI RD
City
VENICE FL Zip Code
34293

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John B Humphrey* JOHN B Humphrey 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUMPHREY, JOHN B
STREET ADDRESS 41 LOYOLA RD.
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE VD
NAME HUMPHREY, KATHY S
STREET ADDRESS 41 LOYOLA RD.
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Humphrey, JOHN B
STREET ADDRESS 5801 S MIAMI RD
CITY-ST-ZIP VENICE FL 34293 ☒ Change ☐ Addition

TITLE VD
NAME HUMPHREY, KATHY S.
STREET ADDRESS 5801 S MIAMI RD
CITY-ST-ZIP VENICE, FL 34293 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John B Humphrey* 4-26-03 941-492-5404
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)