

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90144 019 \*\*\*150.00

DOCUMENT # P01000026190

1. Entity Name  
**CATHARINE HEALY INTERIORS, INC.**

Principal Place of Business

**358 BAYWEST NEIGHBORS CIRCLE**  
**ORLANDO FL 32835**

Mailing Address

**358 BAYWEST NEIGHBORS CIRCLE**  
**ORLANDO FL 32835**

2. Principal Place of Business

**1504 ADRIATIC DR.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1504 ADRIATIC DR.**  
 Suite, Apt. #, etc.

City &amp; State

**OCOKEE, FL**

City &amp; State

**OCOKEE, FL**

4. FEI Number

**59-3703531**

Applied For

Not Applicable

Zip

**34761**

Country

**ORANGE**

Zip

**34761**

Country

**ORANGE**5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**HEALY, CATHARINE M**  
**358 BAYWEST NEIGHBORS CIRCLE**  
**ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name: **CATHARINE M. HEALY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1504 ADRIATIC DR.**  
 City **OCOKEE** **FL** Zip Code **34761**

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

*Catharine M. Healy*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-28-02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CATHARINE M. HEALY</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CATHARINE M. HEALY</b> <b>PRESIDENT</b> <b>1504 ADRIATIC DR.</b> <b>OCOKEE, FL. 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>CATHARINE M. HEALY</b> <b>1504 ADRIATIC DR.</b> <b>OCOKEE, FL. 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>CATHARINE M. HEALY</b> <b>1504 ADRIATIC DR.</b> <b>OCOKEE, FL. 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>CATHARINE M. HEALY</b> <b>1504 ADRIATIC DR.</b> <b>OCOKEE, FL. 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Catharine M. Healy*, **CATHARINE M. HEALY** **4/28/02** **407.578-9909**

Date

Daytime Phone #

CR2E034 (9/01)