

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-15-2002 90019 017 ***150.00

DOCUMENT # P01000067303

1. Entity Name

HILAH AUTREY INTERIORS, INC.

Principal Place of Business

~~9331 PRESTON TRAIL E~~ **280 Solana Rd**
PONTE VEDRA BEACH FL 32082

Mailing Address

~~9331 PRESTON TRAIL E~~ **280 Solana Rd**
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

280 Solana Rd
 Suite, Apt. #, etc.

3. Mailing Address

280 Solana Rd
 Suite, Apt. #, etc.

City, State

Ponte Vedra Beach, FL

City, State

Ponte Vedra Beach, FL

4. FEI Number

59-3727516

Applied For

☒ Not Applicable

Zip

32082

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUTREY, HILAH H
9331 PRESTON TRAIL E
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

~~Hilah H. Autrey Interiors, Inc. 280 Solana Rd Ponte Vedra Beach, FL 32082~~

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

Hilah H. Autrey

Signature, typed or printed name of registered agent and title if applicable

Hilah H. Autrey

(NOTE: Registered Agent signature required when registering)

1-28-02

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: **OWNER** ☐ Delete
 NAME: **Hilah H. Autrey**
 STREET ADDRESS: **280 Solana Rd**
 CITY-ST-ZIP: **Ponte Vedra Beach, FL 32082**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP:

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.

SIGNATURE:

Hilah H. Autrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-02

Daytime Phone #

CR2E034 (9/01)