

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90091 003 ***150.00

DOCUMENT # P01000089564

1. Entity Name
INTERIORS BY DESIGN OF JACKSONVILLE, INC.

Principal Place of Business
12826 CHETS CREEK DR N
JACKSONVILLE FL 32224

Mailing Address
12826 CHETS CREEK DR N
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8640 Philips Hwy
 Suite, Apt. #, etc.
Suite 25

City & State
Jacksonville, FL

Zip **32256** **Country** **Duval**

3. Mailing Address

8640 Philips Highway
 Suite, Apt. #, etc.
Suite 25

City & State
Jacksonville, FL

Zip **32256** **Country** **Duval**

4. FEI Number

59-3743139

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEIDLE, TERRI
12826 CHETS CREEK DR N
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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: *Terri L. Weidle*

Terri L. WEIDLE

4/4/02

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, 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 **PTD** ☐ Delete
NAME **WEIDLE, TERRI**
STREET ADDRESS **12826 CHETS CREEK DR N**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VSD** ☒ Delete
NAME **LUTEN, BRENDA**
STREET ADDRESS **426 ISH BRANT RD W**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Terri L. Weidle* *Terri L. WEIDLE* **4/24/02** **(904) 733-1221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)