

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000103563**

1. Entity Name

INTERIORS BY WILLIAM, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

984 CROSLY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

984 CROSLY DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-3753032

Applied For

Not Applicable

Zip

34698

Country

Zip

34698

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ADELS, WILLIAM P.

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

984 CROSLY DRIVE

City

DUNEDIN

FL

Zip Code

34698

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PD
ADELS, WILLIAM P.
984 CROSLY DR.
DUNEDIN FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ADELS, MARTHA F
984 CROSLY DRIVE
DUNEDIN FL 34698**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Adels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2002

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 17, 2002

INTERIORS BY WILLIAM, INC.
984 CROSLEY DRIVE
DUNEDIN, FL 34698

Subject: **INTERIORS BY WILLIAM, INC.**

Reference Number: **P01000103563**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

]
**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 488-9000.

/BL
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314