

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90286 024 ***150.00

DOCUMENT # P02000018067

1. Entity Name
P.D. INTERIORS, INC.



Principal Place of Business
1114 FLEMING STREET
KEY WEST FL 33040

Mailing Address
1114 FLEMING STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

1500 White St.

1500 White St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West, FL.

City & State
Key West, FL.

Zip
33040

Country
U.S.A.

Zip
33040

Country
U.S.A.

4. FEI Number

03-0389346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, ROBERT L
1114 FLEMING STREET 1500 White St.
KEY WEST FL 33040

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

SIGNATURE *Robert L. Tracy, President*

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

(NOTE: Registered Agent signature required when reinstating)

01/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TRACY, ROBERT L
STREET ADDRESS 1114 FLEMING STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE *PRESIDENT-Director* ☒ Change ☐ Addition
NAME *Tracy, Robert L.*
STREET ADDRESS *1500 White St.*
CITY-ST-ZIP *Key West, FL 33040*

TITLE D ☐ Delete
NAME LEARD, DAMON W
STREET ADDRESS 1114 FLEMING STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE *Secretary-Director* ☐ Change ☐ Addition
NAME *Leard, Damon W.*
STREET ADDRESS *1500 White St.*
CITY-ST-ZIP *Key West, FL*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

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:

Robert L. Tracy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03
Date

305.292.1777
Daytime Phone #

CP2E034 (10/02)