

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90147 018 ***150.00

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DOCUMENT # P02000046910

1. Entity Name
KATHLEEN ALLEN INTERIORS, INC.



Principal Place of Business
323 SYLVAN BOULEVARD
WINTER PARK FL 32789

Mailing Address
323 SYLVAN BOULEVARD
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

2003 Lake Howell Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Marlton, FL 32751

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

32751 - Orange

4. FEI Number

68-0500879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NISI, FRANK P JR.
2003 LAKE HOWELL LANE
MATLAND FL 32751

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
D
NAME
ALLEN, KATHLEEN S
STREET ADDRESS
323 SYLVAN BOULEVARD
CITY-ST-ZIP
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

not receive prior notice
filing fee. Each
the check for
of \$150.00

to appreciate the
because I
received anything pro
did I have to

to look out or extra
new out of