

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90074 028 \*\*\*150.00

DOCUMENT # P92000005197

1. Entity Name

SHH! INTERIORS, INC.

Principal Place of Business

4445 EAST BAY DRIVE  
311  
CLEARWATER FL 33764  
US

Mailing Address

4445 EAST BAY DRIVE  
311  
CLEARWATER FL 33764  
US

2. Principal Place of Business

7500 - 166 ST. N.

Suite, Apt. #, etc.

3. Mailing Address

5370 - East Bay Dr.

Suite, Apt. #, etc.

PMB 106



DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park, FL

City & State

Clearwater FL

Zip

33781

Country

Pinellas

Zip

33764

Country

Pinellas

4. FEI Number

59-3151450

Applied For:

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAUER, YOLANDA  
4445 E BAY DR  
STE 311  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

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

5370 - East Bay Dr. PMB 106

City

Clearwater, FL

FL

Zip Code

33764

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

Yolanda Hauer

Yolanda Hauer

4/7/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	HAUER, YOLANDA S	
STREET ADDRESS	4445 EST BAY DRIVE, SUITE 311	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUMPF, ROSEMARY	
STREET ADDRESS	4445 EAST BAY DRIVE, SUITE 311	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEENEY, ROSE	
STREET ADDRESS	4445 EAST BAY DR H 311	
CITY - ST - ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5370 - East Bay Dr. PMB 106
CITY - ST - ZIP	Clearwater, FL. 33764
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5370 - East Bay Dr. PMB 106
CITY - ST - ZIP	Clearwater, FL. 33764
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5370 - East Bay Dr. PMB 106
CITY - ST - ZIP	Clearwater, FL. 33764
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Yolanda Hauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01 (727) 538-8634

Date

Daytime Phone #

CR2E034 (10/00)