

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90376 023 ***150.00

DOCUMENT # P92000005197 (8)

1. Entity Name

SHH! Interiors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7500-66th ST. North

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 290

Suite, Apt. #, etc.

City & State

Pinellas Park, FL.

City & State

Largo, FL.

4. FEI Number

59-3151450

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33770

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Yolanda S. Hauer

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

3300-5th Cove Cay Dr.

City

Clearwater

FL

Zip Code

33760

**DO NOT WRITE
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

Yolanda S. Hauer

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

(NOTE: Registered Agent signature required when reinstating.)

4/16/02

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 | <u>President</u> |
| NAME | <u>Rosemary Humph</u> |
| STREET ADDRESS | <u>2900-Cove Cay Dr. # 4E</u> |
| CITY-ST-ZIP | <u>Clearwater, FL. 33760</u> |
| TITLE | <u>J.P.</u> |
| NAME | <u>Yolanda S. Hauer</u> |
| STREET ADDRESS | <u>3300-Cove Cay Dr. # 5F</u> |
| CITY-ST-ZIP | <u>Clearwater, FL. 33760</u> |
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IN THIS SPACE**

CR2E034B (12/01)

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:

Rosemary L. Humph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2002

Date

727-535-8634

Daytime Phone #