

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012402

1. Entity Name
JOYCE PRITT INTERIORS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90044 044 ***150.00

Principal Place of Business

Mailing Address

1657 CATTLEMEN RD.
SARASOTA FL 34232
US

5142 LANCE WOOD DR
SARASOTA FL 34232-4329

2. Principal Place of Business

3. Mailing Address

1577 CATTLEMEN RD.

1577 CATTLE MEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34232

Country

US

Zip

34232

Country

US

4. FEI Number

65-0388047

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

DESJARLAIS, MARY L

8075 S BENEVA RD

SUITE 8

SARASOTA FL 34238 34231

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PRITT, JOYCE
STREET ADDRESS 5142 LANCE WOOD DR
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE S.D.
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE CLARK, VIRGINIA PRITT
NAME 2547 ORSOVA WAY
STREET ADDRESS
CITY-ST-ZIP SARASOTA, FL.

☐ Delete

TITLE P.T.D.
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 15th 00 (941) 377-8677