

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90031 016 ***150.00

0394666 AV

DOCUMENT # P93000063936

1. Entity Name

BARBARA MASH INTERIORS, INC.

Principal Place of Business

**2700 OAKMONT COURT
 FORT LAUDERDALE FL 33332**

Mailing Address

**2700 OAKMONT COURT
 FORT LAUDERDALE FL 33332**

2. Principal Place of Business

5574 FOUNTAINS DRIVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

5574 FOUNTAINS DRIVE SOUTH

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

Zip

33467

Country

4. FEI Number

65-0435854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JACOBS, BARBARA
 2700 OAKMONT COURT
 FORT LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name

JACOBS, BARBARA

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

5574 FOUNTAINS DRIVE SOUTH

City

LAKE WORTH

FL

Zip Code

33467

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

Barbara Jacobs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-02

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, 2002 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	JACOBS, BARBARA	
STREET ADDRESS	2700 OAKMONT CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACOBS, GEORGE	
STREET ADDRESS	2700 OAKMONT CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BARBARA	
STREET ADDRESS	5574 FOUNTAINS DRIVE SOUTH	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GEORGE	
STREET ADDRESS	5574 FOUNTAINS DRIVE SOUTH	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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		
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)(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:

Barbara Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

Daytime Phone #

CP2E034 (9/01)