

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004082

1. Entity Name
BEYOND INTERIORS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90075 035 ***150.00

Principal Place of Business
5510-15 PHILLIPS HIGHWAY
JAX FL 32207
US

Mailing Address
5510-15 PHILLIPS HWY
JAX FL 32207
US

2. Principal Place of Business **SIA** 3. Mailing Address **SIA**

Suite, Apt. #, etc. **SIA** Suite, Apt. #, etc. **SIA**

City & State **SIA** City & State **SIA**

Zip **SIA** Country **SIA** Zip **SIA** Country **SIA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3266632** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ST ANGELO, KIMBERLY
5510-15 PHILLIPS HWY
JACKSONVILLE FL 32207

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.

SIGNATURE _____ (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 **DPT** ☐ Delete
NAME **ST. ANGELO, JOHN M**
STREET ADDRESS **5353 SHEN AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVS** ☐ Delete
NAME **ST. ANGELO, KIMBERLY D**
STREET ADDRESS **5353 SHEN AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **St. Angelo, John M.**
STREET ADDRESS **5825 County Rd. 209 S.**
CITY-ST-ZIP **Greencove Springs, FL 32043**

TITLE **DVS** ☒ Change ☐ Addition
NAME **St. Angelo, Kimberly D.**
STREET ADDRESS **5825 County Rd. 209 S.**
CITY-ST-ZIP **Greencove Springs, FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H/6/6/01 904-1236 5713

CR2E034 (10/00)

001285