

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028149

1. Entity Name

TOTAL INTERIOR DESIGNS, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90047 026 ***150.00

Principal Place of Business

2520 NW 16TH LANE
BAY #2
POMPANO BEACH FL 33064
US

Mailing Address

2520 NW 16TH LANE
BAY #2
POMPANO BEACH FL 33064
US

2. Principal Place of Business

2520 NW 16TH LANE

3. Mailing Address

2520 NW 16TH LANE

Suite, Apt. #, etc.

Bay #2

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

City & State

POMPANO BEACH FL

Zip

33064

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0481155

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

FALLON, JOHN M

2520 NW 16TH LANE

BAY #2

POMPANO BEACH FL 33064

Name

JOHN M FALLON

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

401 TRINITY DR. #309

LANDERHILL FL

City

FL

Zip Code

33091

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

John M Fallon

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPTS	<input type="checkbox"/> Delete
NAME	FALLON, JOHN M	
STREET ADDRESS	2520 NW 16TH LANE BAY 2	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
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"/> Change <input type="checkbox"/> Addition
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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:

John M Fallon JOHN M FALLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

954-9168

Daytime Phone #

CR2E034 (10/00)