2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am DOCUMENT # P94000063456 **Secretary of State** 1. Entity Name 03-05-2002 90107 037 ***150.00 GERI BRUEHL INTERIOR DESIGN, INC. Principal Place of Business Mailing Address 1726 SINGING PALM DRIVE 1720 EDGEWATER DRIVE 598864 APOPKA FL 32712 SUITE B ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3268465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERS, CRAIG A Street Address (P.O. Box Number is Not Acceptable) **BRUMMER & ROGERS PA** 246 SOUTH PARK AVENUE Zip Code APOPKA FL 32703 City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE Delete NAME NAME BRUEHL, GERI STREET ADDRESS 1726 SINGING PALM DRIVE STREET ADDRESS APOPKA FL 32712 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP __ CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME स्वति क्षणान्य प्रत्यातः अवन्तु । ॥ ६ STREET ADDRESS STREET ADDRESS ACT SESSIONES OFF CITY-ST-ZIP CITY-ST-7IP with 05 inter Lite. 7. objects Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

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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. 2/22/02 (407) 246-6585

FILED