

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071957

1. Entity Name

DESIGN ACCENT INTERIORS, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90028 013 ***150.00

0637251

Principal Place of Business
1435-D COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE FL 33948
US

Mailing Address
1435-D COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE FL 33948
US

C0022437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1264 Market Circle

3. Mailing Address
1264 Market Circle

Suite, Apt. #, etc.
Unit # 8

Suite, Apt. #, etc.
Unit # 8

City & State
Port Charlotte, FL.

City & State
Port Charlotte, FL.

4. FEI Number **65-0523352**

Applied For
Not Applicable

Zip Country
33953 Charlotte

Zip Country
33953 Charlotte

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

POLK, PAIGE
1434-D COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE FL 33948

Name
Paige Polk
Street Address (P.O. Box Number is Not Acceptable)
1264 Market Circle Unit #8
City Port Charlotte FL Zip Code 33953

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D POLK, PAIGE 1435-D COLLINGSWOOD BLVD PORT CHARLOTTE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Polk, Paige 1264 Market Circle Unit#8 Port Charlotte, FL 33953 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: *Paige Polk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 941-624-3296
Date Daytime Phone #

CR2E034 (10/00)