

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000077419**

1. Entity Name

**SONJA'S INTERIOR DECORATING SERVICE INC.****FILED****Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90216 040 \*\*\*150.00

Principal Place of Business

**379 FLAMINGO ROAD  
LAKE PLACID FL 33862**

Mailing Address

**PO BOX 3198  
LAKE PLACID FL 33862**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3279829**

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

**STUART, SONJA M  
379 FLAMINGO ROAD  
LAKE PLACID FL 33862**

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 *Sonja Stuart*  
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	DPST	<input checked="" type="checkbox"/> Delete
NAME	STUART, SONJA M	
STREET ADDRESS	379 FLAMINGO ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LOUIS WERK	
STREET ADDRESS	48 SILK OAK ST.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
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	PT	<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: *Sonja Stuart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)