

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90044 031 ***150.00

DOCUMENT # P94000077419

1. Entity Name
SONJA'S INTERIOR DECORATING SERVICE INC.

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 & State

City & 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)

209 US 27 SOUTH

City

LAKE PLACID

FL

Zip Code

33852

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

1/31/02

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, 2002 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 **PT** ☐ Delete
NAME **STUART, SONJA M**
STREET ADDRESS **379 FLAMINGO ROAD**
CITY-ST-ZIP **LAKE PLACID FL 33862**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **209 US 27 SOUTH.**
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **WERK, LOUIS**
STREET ADDRESS **48 SILK OAK STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE ☐ Delete
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☐ Change ☐ Addition
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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, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02

Daytime Phone #

CR2E034 (9/01)