

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90034 027 ***150.00

DOCUMENT # P95000017928

1. Entity Name

POINT OF VIEW INTERIORS, INC.

Principal Place of Business

Mailing Address

~~2066 VITEX LANE~~
480 Neptune Rd.
NORTH PALM BEACH FL 33408

~~2066 VITEX LANE~~
480 Neptune Rd.
NORTH PALM BEACH FL 33408-2017

00011424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
480 Neptune Road

3. Mailing Address
Attn: Rita Kirkpatrick

Suite, Apt. #, etc.

Suite, Apt. #, etc.

480 Neptune Road

City & State

Juno Beach, Florida

City & State

Juno Beach, Florida

4. FEI Number

65-0638181

Applied For
Not Applicable

Zip

33408-2017

Country

USA

Zip

33408-2017

Country

USA

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

KIRKPATRICK, RITA

~~2066 VITEX LANE~~
48 Neptune Rd.
NORTH PALM BEACH FL 33408

Juno Beach, FL 33408

Name

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

480 Neptune Road

City

Juno Beach

FL

Zip Code
33408

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, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contributions ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **KILPATRICK, RITA**
CITY-ST-ZIP **2066 VITEX LANE**
NORTH PALM BEACH FL 33408

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **480 Neptune Road**
CITY-ST-ZIP **Juno Beach, FL 33408-2017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #