

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91173 034 ***150.00

DOCUMENT # P95000028599

1. Entity Name

A. D. INTERIORS, INC.

Principal Place of Business

**135 SE FIFTH AVENUE
 2ND FLOOR
 DELRAY BEACH FL 33483**

Mailing Address

**135 SE FIFTH AVENUE
 2ND FLOOR
 DELRAY BEACH FL 33483**

2. Principal Place of Business

92 Fiesta Way

Suite, Apt. #, etc.

3. Mailing Address

P.M.B #534

Suite, Apt. #, etc.

1326 SE 17th St.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

US

Zip

33316

Country

US

4. FEI Number

65-0577634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRIGHT, J. REEVE
 29 NE FOURTH AVE
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Kimberly S. Ahlum

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

92 Fiesta Way

City

Ft. Lauderdale,

FL

Zip Code

33316

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]

owner

4/21/2001

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

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

TITLE **P** ☐ Delete
 NAME **AHLUM, KIM**
 STREET ADDRESS **135 SE FIFTH AVE, 2ND FLOOR**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner** ☒ Change ☐ Addition
 NAME **Kimberly Ahlum**
 STREET ADDRESS **P.M.B #534 1326 SE 17th St.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

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

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

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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001 954-583-1325

Date

Daytime Phone #

CR2E034 (10/00)