

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-21-2002 90062 045 ***150.00

DOCUMENT # P95000028599

1. Entity Name
A. D. INTERIORS, INC.

Principal Place of Business

**92 FIESTA WAY
 FORT LAUDERDALE FL 33301**

Mailing Address

**1326 SE 17TH ST.
 PMB 534
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

2616 Hibiscus
 Suite, Apt. #, etc.

3. Mailing Address

**1326 SE 17th St.
 PMB #534**
 Suite, Apt. #, etc.

City & State

Fort lauderdale FL

City & State

Fort lauderdale FL

4. FEI Number

65-0577634

Applied For

Not Applicable

Zip

33301

Country

US

Zip

33316

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

**ANLUM, KIMBERLY S
 92 FIESTA WAY
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
Ahlum Kimberly S
 Street Address (P.O. Box Number is Not Acceptable)
2616 Hibiscus
 City
Fort lauderdale, FL Zip Code
33301

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)

1-7-2002

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	AHLUM, KIM	
STREET ADDRESS	1326 SE 17TH ST., PMB 534	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly Ahlum **1-7-2002** **954-583-1325**

Date

Daytime Phone #

CR2E034 (9/01)