

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0348466 AV

DOCUMENT # P95000028599

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



05-01-2003 90975 004 ***150.00

Principal Place of Business
**2616 HIBISCUS
FORT LAUDERDALE FL 33301**

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



2. Principal Place of Business
131 SW 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pompano Bch, FL
Zip
33060 Country
US

City & State
Zip Country

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

7. Name and Address of New Registered Agent

ANLUM, KIMBERLY S
2616 HIBISCUS
FORT LAUDERDALE FL 33301

Name
Kimberly Ahlum
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.19.03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AHLUM, KIM
1326 SE 17TH ST., PMB 534
FORT LAUDERDALE FL 33316

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.19.03
Date

Daytime Phone #

CR2E034 (10/02)