2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am DOCUMENT # **P95000056319** Secretary of State DE TERRELL INTERIOR DESIGNS, INC. 04-27-2001 90347 041 ***150.00 Principal Place of Business Mailing Address 10075 RAMBLEWOOD DRIVE 19075 RAMBLEWOOD DR CORAL SPRINGS FL 33971 - - - - - 1 CORAL SPRINGS FL 39071 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0596402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DLANA TERRELL, DIANNA Street Address (P.O. Box Number is Not Acceptable) 10075 RAMBLEWQOD DR CORAL SPRINGS FL 33071 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE 4348 NW 92-Terr Change NAME NAME 4348 NW 92 Terr 10075 RAMBLEWOOD DR CORAL STREET ADDRESS STREET ADDRESS CORAL JORNY 7L 32065 CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-SY-ZIP TITLE ☐ Delete TITLE []] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TETCE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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