

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90685 001 ***150.00

DOCUMENT # P96000097356

1. Entity Name
WORLD INTERIORS INC.



Principal Place of Business
**11194 CLEVELAND AVE.
FT. MYERS FL 33907**

Mailing Address
**C/O R. SCOTT BARKER
12734 KENWOOD AVE. #5
FORT MYERS FL 33907
US**



2. Principal Place of Business

3. Mailing Address **NEW BRITANY #455
12730 KENWOOD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
FT MYERS, FL

4. FEI Number **65-0753593**

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

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

**BAKER, RICHARD SCOTT
12374 KENWOOD AVE., #5
FT. MYERS FL 33907**

Name **BARKER, RICHARD SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
12730 NEW BRITANY #455
City **FT MYERS,** FL Zip Code **33907**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

RICHARD SCOTT BARKER

3/13/03

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 ☐ Delete
NAME **D**
STREET ADDRESS **CHEW, DIANE**
CITY-ST-ZIP **15276 FIDDLESTICKS BLVD.
FT. MYERS FL 33912**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

DIANE CHEW

3/13/03

Date

Daytime Phone #

CR2E034 (10/02)