

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064639

1. Entity Name

MERYSOL'S INTERIORS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90007 012 ***150.00

Principal Place of Business

1801 OGLESBY AVE
 WINTER PARK FL 32789

Mailing Address

1801 OGLESBY AVE
 WINTER PARK FL 32789

2. Principal Place of Business

832 cherry st
 Suite, Apt. #, etc.
 Winter Park Fl.
 City & State

3. Mailing Address

832 cherry st
 Suite, Apt. #, etc.
 Winter Park Fl. 32789
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463279

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

PENA, MERYSOL
 211 BRIARCLIFF DR
 LONGWOOD FL 32779

210 Lake gene
 Longwood Fl. 32779

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME PENA, MERYSOL
 STREET ADDRESS 10 CYCLOPS
 CITY-ST-ZIP APOKA FL 32703

Lake gene
 Longwood Fl. 32779

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)