2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 90007 012 ***150.00

DOCUMENT # P97000064639

1. Entity Name
MERYSOL'S INTERIORS, INC.

Principal Place of Business	Mailing Address
1801 OGLESBY AVE WINTER PARK FL 32789	1801 OGLESBY AVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
832 cherry st	832 cherry st
Suite, Apt. #, etc.: Winter Park Fl.	Suite, Apt. #, etc.: Winter Park Fl. 32789
City & State	City & State
Zip: 32789 Country	Zip: 32789 Country: USA

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENA, MERYSOL ~~10 CYCLOPS~~ ~~APOPKA FL~~ 32703 Lake Gene Longwood Fl. 32779 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Merysol Pena 4-30-01 (407) 629-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #