

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90201 005 ***150.00

DOCUMENT # P97000088254

1. Entity Name
KINGSLEY INTERIORS, INC.



Principal Place of Business
**11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408**

Mailing Address
**11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
444 25th Street
Suite, Apt. #, etc.

3. Mailing Address
444 25th Street
Suite, Apt. #, etc.

City & State
West Palm Beach, FL
Zip Country
33407

City & State
West Palm Beach, FL
Zip Country
33407

4. FEI Number **65-0797071**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Michael W. Michaud, C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
6894 Lake Worth Road
Suite 206
City **Lake Worth** FL Zip Code **33467**

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)

DATE **3/27/03**

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

TITLE **DP** ☐ Delete
NAME **KINGSLEY, LESTER F**
STREET ADDRESS **11780 US HIGHWAY ONE, STE 300**
CITY-ST-ZIP **N PALM BCH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **444 25th Street**
CITY-ST-ZIP **West Palm Beach, FL 33407**

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

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

Date **4/21/03**

Daytime Phone #

CR2E034 (10/02)