

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90367 025 ***150.00

DOCUMENT # P97000100548

1. Entity Name

JOHN WAYNE INTERIORS, INC.

Principal Place of Business

Mailing Address

**14831 E TETHERCLIFT ST
 DAVIE FL 33331**

**14831 E TETHERCLIFT ST
 DAVIE FL 33331-2904**

2. Principal Place of Business

1520 N.W. 65 Ave.

3. Mailing Address

1520 N.W. 65 Ave.

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33313

Country

US

Zip

33313

Country

US

4. FEI Number

65-0797205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRINER, WAYNE
 14831 E TETHERCLIFT ST
 DAVIE FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

1520 N.W. 65 Ave., Suite 6

City

Plantation

FL

Zip Code

33313

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **D** ☐ Delete
 NAME **GRINER, WAYNE**
 STREET ADDRESS **14831 E TETHERCLIFT ST**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Wayne Griner, Pres. **4/11/00** **954.584.8160**

Date

Daytime Phone #

CR2E034 (9/99)