

# 2000 UNIFORM BUSINESS REPORT (UBR)

081800

DOCUMENT # P98000004103

1. Entity Name

JOSEPH BOATWRIGHT INTERIORS, INC.

Principal Place of Business

5127 ISLAND DATE STREET  
SARASOTA, FL 34232

Mailing Address

5127 ISLAND DATE STREET  
SARASOTA, FL 34232-5642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0806371

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

HOWARD R. WOMELDORPH  
/648 LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243

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

HOWARD R. WOMELDORPH

8/9/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BOATWRIGHT, JOSEPH G. JR.  
STREET ADDRESS 5127 ISLAND DATE STREET  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D ☐ Change ☒ Addition  
NAME CHRIS IRWIN  
STREET ADDRESS 2630 CLUB MAR DRIVE APT 2H  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE DVP ☒ Delete  
NAME CHALMERS, JOHN S.  
STREET ADDRESS 3912 MARLBOROUGH PLACE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Addition  
NAME 300003371593--6  
STREET ADDRESS -08/24/00--01045--001  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Joe Boatwright, Jr.*

JOE BOATWRIGHT, JR.

8/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)