

2000 UNIFORM BUSINESS REPORT (UBR)

081800

DOCUMENT # P98000004103

1. Entity Name
JOSEPH BOATWRIGHT INTERIORS, INC.

AMENDED REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 18 AM 10:20

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 Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip **Country** **Zip** **Country**

4. FEI Number 65-0806371
 Applied For
 Net-Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HOWARD R. WOMELDORPH
1648 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

7. Name and Address of New Registered Agent
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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, JOSEPH G. JR.	
STREET ADDRESS	5127 ISLAND DATE STREET	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CHALMERS, JOHN S.	
STREET ADDRESS	3912 MARLBOROUGH PLACE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS IRWIN	
STREET ADDRESS	2630 CLUB MAR DRIVE APT 2H	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003371593--6	
STREET ADDRESS	-08/24/00--01045--001	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* JOE BOATWRIGHT, JR. **8/9/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)