

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90035 003 ***150.00

DOCUMENT # P98000004103

1. Entity Name
JOSEPH BOATWRIGHT INTERIORS, INC.

Principal Place of Business
5127 ISLAND DATE STREET
SARASOTA FL 34232-5642

Mailing Address
5127 ISLAND DATE STREET
SARASOTA FL 34232-5642

2. Principal Place of Business
4577 MORNINGSIDE
 Suite, Apt. #, etc.

3. Mailing Address
4577 MORNINGSIDE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL
 Zip
34235

City & State
SARASOTA, FL
 Zip
34235

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

WOMELDORPH, HOWARD R
7648 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, JOSEPH G JR.	
STREET ADDRESS	5127 ISLAND DATE STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRWIN, CHRIS	
STREET ADDRESS	2630 CLUB MAR DRIVE APT 2H	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4577 MORNINGSIDE	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Date: 3/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)