

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046400

1. Entity Name

JEAN WEMYSS INTERIORS, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90043 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

531 NORTH VIRGINIA AVENUE
WINTER PARK FL 32789

531 NORTH VIRGINIA AVENUE
WINTER PARK FL 34787-2709

2. Principal Place of Business

57 N LAKEVIEW AVE

3. Mailing Address

57 N LAKEVIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

4. FEI Number

50-3497708-57-351815

Applied For

Not Applicable

Zip

Country

34787

USA

Zip

Country

34787

USA

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

WEMYSS, JEAN
531 NORTH VIRGINIA AVENUE
WINTER PARK FL 32789

Name

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

57 N LAKEVIEW AVE

City

WINTER GARDEN

FL

Zip Code

34787

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: *Jean Wemyss*
Signature, typed or printed name of registered agent and title if applicable.

JEAN WEMYSS

(NOTE: Registered Agent signature required when reinstating)

3-2-00

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 ☐ Delete
NAME D
STREET ADDRESS WEMYSS, JEAN
CITY-ST-ZIP 531 NORTH VIRGINIA AVENUE
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 57 N LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Jean Wemyss* JEAN WEMYSS 3-2-00 407 654-5890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)