

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90069 022 \*\*\*150.00

**DOCUMENT # P98000046400**

1. Entity Name

**JEAN WEMYSS INTERIORS, INC.**



Principal Place of Business

**57 N LAKEVIEW  
WINTER GARDEN FL 34787  
4 TUBB ST.  
OAKLAND, FL 34760**

Mailing Address

**57 N LAKEVIEW  
WINTER GARDEN FL 34787  
P.O. BOX 398  
OAKLAND, FL 34760**

2. Principal Place of Business

**4 TUBB ST.**

3. Mailing Address

**P.O. BOX 398**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OAKLAND FL**

City & State

**OAKLAND FL**

4. FEI Number

**59-3511815**

Applied For

Not Applicable

Zip

**34760**

Country

**USA**

Zip

**34760**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEMYSS, JEAN  
57 N LAKEVIEW AVE  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **JEAN WEMYSS**

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

**4 TUBB ST**

City

**OAKLAND**

FL

Zip Code

**34760**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JEAN WEMYSS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-13-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WEMYSS, JEAN**  
STREET ADDRESS **57 N LAKEVIEW AVE**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEAN WEMYSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-03 407 654-5890**

Date

Daytime Phone #

CR2E034 (10/02)