

DOCUMENT # **P98000048935**

MAIN STREET INTERIORS, INC.

1426 SW 14TH ST.
CAPE CORAL FL 33991
US

1426 SW 14TH ST.
CAPE CORAL FL 33991
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

59-3518619

Not Applicable

7

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAZY, DAVID J
3101 SE 5TH CT
CAPE CORAL FL 33904

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, 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, 2002 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	SAZY, DAVID J	
STREET ADDRESS	1426 SW 14TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33991	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

FILE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

LE	
ME	<input type="checkbox"/> Delete
EET ADDRESS	
Y-ST-ZIP	

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-----	---

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			

TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

DAVID J. SAGUN - Pres

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

941 9104312

CR2E034 (9/01)