

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90128 017 \*\*\*150.00

**DOCUMENT # P98000057263**

1. Entity Name  
**ROSEWOOD INTERIORS, INC.**

Principal Place of Business      Mailing Address  
**8187 WILSHIRE LAKES BLVD.**      **8187 WILSHIRE LAKES BLVD.**  
**NAPLES FL 34109**                      **NAPLES FL 34109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number **59-3515185**      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

**WOODS, ROSEMARY**  
**8187 WILSHIRE LAKES BLVD.**  
**NAPLES FL 34109**

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 \_\_\_\_\_ (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, 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          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>WOODS, ROSEMARY</b>           |  |
| STREET ADDRESS | <b>8187 WILSHIRE LAKES BLVD.</b> |  |
| CITY-ST-ZIP    | <b>NAPLES FL 34109</b>           |  |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WOODS, WILLIAM B</b>          |  |
| STREET ADDRESS | <b>4655 STATE HWY. NW</b>        |  |
| CITY-ST-ZIP    | <b>CATAWISSA MO 63015</b>        |  |
| TITLE          | <b>Cat Stevens</b>               | <input type="checkbox"/> Delete            |
| NAME           | <b>311 Mosley Dr.</b>            |  |
| STREET ADDRESS | <b>Springfield, Tn. 37172</b>    |  |
| CITY-ST-ZIP    | <b>Vice-President</b>            |  |
| 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"/> 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          |  | <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: *Rosemary Woods*      **Rosemary Woods Pres**      Date: **3/6/2001**      Daytime Phone #: **941-513-1215**

CR2E034 (10/00)