

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90261 009 ***150.00

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DOCUMENT # P98000073500

1. Entity Name

GWENITH'S INTERIOR DESIGNS, INC.



Principal Place of Business
14661 MARSH VIEW DR
JACKSONVILLE FL 32250

Mailing Address
14661 MARSH VIEW DR
JACKSONVILLE FL 32250



2. Principal Place of Business

13767 DEER CHASE PL

3. Mailing Address

13767 DEER CHASE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3529619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

32224

DUVAL

Zip

Country

32224

DUVAL

6. Name and Address of Current Registered Agent

PETERSON, GWENITH L
14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

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

13767 DEER CHASE PL

City

JACKSONVILLE

FL

Zip Code

32224

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.21.03

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
NAME PETERSON, GWENITH L
STREET ADDRESS 14661 MARSH VIEW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 13767 DEER CHASE PL
CITY-ST-ZIP JAX FL 32224

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03

Date

Daytime Phone #

904-992-6484

CR2E034 (10/02)