

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097467

1. Entity Name

DESIGNER'S SECRET INTERIORS, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90067 009 ***150.00

0382243

Principal Place of Business Mailing Address
141 LOWELL ROAD 141 LOWELL ROAD
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
784 Irene Drive 784 Irene Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Auburndale, FL. Auburndale, FL.
Zip Country Zip Country
33823 USA 33823 USA

4. FEI Number 59-3545420 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
CORRICK, DENNIS G
141 - 5TH STREET, N.W.
WINTER HAVEN FL 33881
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 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. ☐ 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGSETH, KATHIE L		NAME	Engeseth, Kathie L.	
STREET ADDRESS	141 LOWELL ROAD		STREET ADDRESS	524 South Tamarack Ave.	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	Broken Arrow, OK 74012	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, IRIS C		NAME	Pettit, Iris C.	
STREET ADDRESS	141 LOWELL RD		STREET ADDRESS	784 Irene Drive	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kathie Engeseth, Kathie Engeseth 2/13/01 863-967-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)