

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000101666

1. Entity Name

TOU SHEA INTERIORS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90916 006 \*\*\*150.00

0305972

Principal Place of Business

6596 LAS FLORES DR.  
BOCA RATON FL 33433

Mailing Address

6596 LAS FLORES DR.  
BOCA RATON FL 33433**757510**

2. Principal Place of Business

140 BAREFOOT COVE

3. Mailing Address

140 BAREFOOT COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

HYPOLEXO FL

City &amp; State

HYPOLEXO, FL

Zip 33462

Country USA

Zip 33462

Country USA

4. FEI Number

65-0892324

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREASE, SHERRY L  
6596 LAS FLORES DRIVE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

140 BAREFOOT COVE

City HYPOLEXO

FL

Zip 33462

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

*Sherry L Crease*

Address

4/20/01

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

TITLE PVT  
NAME CERESE, SHERRY L  
STREET ADDRESS 6596 LAS FLORES DR  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 140 BAREFOOT COVE  
CITY-ST-ZIP HYPOLEXO, FL 33462 ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Sherry L Crease*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY L. CREASE

Date

Daytime Phone #

4/20/01 (SGI) 493-1490

CR2E034 (10/00)