

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90251 040 \*\*\*150.00

**DOCUMENT # P98000101666**

1. Entity Name

**TOU SHEA INTERIORS, INC.**

Principal Place of Business

**140 BAREFOOT COVE  
HYPOLUXO FL 33462**

Mailing Address

**140 BAREFOOT COVE  
HYPOLUXO FL 33462**

**362112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**110 LAS BRISAS CIRCLE**

3. Mailing Address

**110 LAS BRISAS CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HYPOLUXO FL**

City & State

**HYPOLUXO FL**

Zip

**33462**

Country

Zip

**33462**

Country

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  
140 BAREFOOT COVE  
HYPOLUXO FL 33462**

7. Name and Address of New Registered Agent

Name

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

**110 LAS BRISAS CIRCLE**

City

**HYPOLUXO**

**FL**

Zip Code

**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 SHERRY L. CREASE**

**4/25/02**

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 **PVTS** ☐ Delete  
NAME **CREASE, SHERRY L**  
STREET ADDRESS **140 BAREFOOT COVE**  
CITY-ST-ZIP **HYPOLUXO FL 33462**

**CREASE, SHERRY L.**  
**110 LAS BRISAS CIRCLE**  
**HYPOLUXO FL 33462**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **CREASE, SHERRY L.**  
STREET ADDRESS **110 LAS BRISAS CIRCLE**  
CITY-ST-ZIP **HYPOLUXO, FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Sherry L. Crease SHERRY L. CREASE**

**4/25/02**

**561 493-1499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)