

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102683

1. Entity Name

INTERIORS BY JANE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90121 032 ***150.00

Principal Place of Business

Mailing Address

4107 S TAMiami TR
STE 4107 B
VENICE FL 34293

2828 S MCCALL ROAD
ENGLEWOOD FL 34224-7791

2. Principal Place of Business

3. Mailing Address

4107 S Tamiami Trail

Suite, Apt. #, etc.

8

City & State

Venice, FL

Zip

34293

Country

Sarasota

City & State

Venice, FL

Zip

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Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881710

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

KOMERS, JANE
39 LAKEVIEW LANE
ENGLEWOOD FL 34223

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.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME KOMERS, JANE
STREET ADDRESS 39 LAKEVIEW LANE
CITY-ST-ZIP ENGLEWOOD FL 34223

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

(941-408-0755)

Daytime Phone #

CR2E034 (9/99)