

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90080 019 ***150.00

DOCUMENT # P98000104949

1. Entity Name

GISELLA LYNN INTERIORS, INC.

Principal Place of Business

Mailing Address

~~6784 VIA REGINA~~
 BOCA RATON FL 33433

~~6784 VIA REGINA~~
 BOCA RATON FL 33433-3955

C0009882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6418 Via Rosa

3. Mailing Address

6418 Via Rosa

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number

65-0882034

Applied For

Not Applicable

Zip
33433

Country
US

Zip
33433

Country
US

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

LYNN, BRIAN
TWO S. UNIVERSITY DR
STE 215
PLANTATION FL 33324

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
GISELLA, LYNN
~~6784 VIA REGINA~~
BOCA RATON FL 33433

First name

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
Gisella Lynn
6418 Via Rosa
Boca Raton, FL 33433

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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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

President

1/10/2000 561-750-3905

Date

Daytime Phone #

CR2E034 (9/99)