

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90018 010 ***558.75

DOCUMENT # **P98000106096**

1. Entity Name
Foxworthy's Interiors OF
SOUTHWEST FLORIDA, INC. ✓

Principal Place of Business Mailing Address

A0078559

2. Principal Place of Business **3511 Bonita Bay Blvd.**
 Suite, Apt. #, etc. 3. Mailing Address **3511 Bonita Bay Blvd.**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Bonita Springs, FL** City & State **Bonita Springs, FL** 4. FEI Number **65-0882561** Applied For
 Not Applicable
 Zip **34134** Country **USA** Zip **34134** Country **USA** 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RATLIFF, ROBERT LEE
2340 Periwinkle Way
Suite J-3
SANIBEL, FL 33957
 7. Name and Address of New Registered Agent
 Name **DIANA A. Penkinson**
 Street Address (P.O. Box Number is Not Acceptable) **3511 Bonita Bay Blvd.**
 City **Bonita Springs, FL** Zip Code **34134**

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 **Diana A. Penkinson, Pres.** **9.12.2000**
 Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPST	<input checked="" type="checkbox"/> Delete	TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATLIFF, ROBERT LEE		NAME	DIANA A. Penkinson	
STREET ADDRESS	2340 Periwinkle Way-J-3		STREET ADDRESS	3511 Bonita Bay Blvd.	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Bonita Springs, FL 34134	
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		
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		

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: **Diana A. Penkinson, Pres.** **9.12.2000 941.992.2223**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)