

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90003 047 \*\*\*550.00

**DOCUMENT # P98000106096**

1. Entity Name

**FOXWORTHY'S INTERIORS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**3511 BONITA BAY BLVD  
 BONITA SPRINGS FL 34134**

Mailing Address

**3511 BONITA BAY BLVD  
 BONITA SPRINGS FL 34134**

**978804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0882561**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RATLIFF, ROBERT LEE  
 2340 PERIWINKLE WAY, STE. J-3  
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **DAVID L. Toliver**  
 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 David L. Toliver - DAVID L. Toliver 9.12.01  
 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 \$550.00**

**After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete  
 NAME **RATLIFF, ROBERT LEE**  
 STREET ADDRESS **2340 PERIWINKLE WAY, STE. J-3**  
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIANA A. PERKINSON** ☐ Change ☒ Addition  
 NAME **DIRECTOR, PRESIDENT,**  
 STREET ADDRESS **SECRETARY, TREASURER**  
 CITY-ST-ZIP **3511 BONITA BAY BLVD.**

TITLE ☐ Change ☐ Addition  
 NAME **SUITE 2**  
 STREET ADDRESS **BONITA SPRINGS, FL**  
 CITY-ST-ZIP **34134**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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. Perkinson - DIANA A. PERKINSON 9.12.01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 941-992-2223

CR2E034 (5/01)