

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # P99000026726

1. Entity Name
SOUTHERN INTERIORS, INC.

Principal Place of Business 14 SOUTH SWINTON AVE. DELRAY BEACH FL 33444	Mailing Address 14 SOUTH SWINTON AVE. DELRAY BEACH FL 33444
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2. Principal Place of Business 255 NE 6TH AVE	3. Mailing Address 255 NE 6TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL	4. FEI Number 52-2158856	Applied For <input type="checkbox"/> Not Applicable
Zip 33483	Country USA	Zip	Country

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

6. Name and Address of Current Registered Agent

**SMITHER, ROBERT M JR
14 S. SWINTON AVE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE

City
DELRAY BEACH FL

Zip Code
33483

700016087217
04/15/03-01098-015 **150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William R. Wintzer **WILLIAM R. WINTZER A/T** **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE DVST	<input checked="" type="checkbox"/> Delete
NAME SMITHERS, ROBERT M JR.	
STREET ADDRESS 14 SOUTH SWINTON AVE.	
CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE D	<input type="checkbox"/> Delete
NAME WORRELL, THOMAS JR	
STREET ADDRESS 14 S. SWINTON AVE	
CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE DPS	<input checked="" type="checkbox"/> Delete
NAME WORRELL, ODETTE A	
STREET ADDRESS 14 S. SWINTON AVE	
CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOODYEAR, KIMBERLY A	
STREET ADDRESS 125 LA POSTA ROAD	
CITY-ST-ZIP TAOS, NM 87571	
TITLE CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WORRELL, THOMAS E., JR	
STREET ADDRESS 255 NE 6TH AVE	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE USD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAN MARTIN, MARTA	
STREET ADDRESS 255 NE 6TH AVE	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE A/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WINTZER, WILLIAM R.	
STREET ADDRESS 255 NE 6TH AVE	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WORRELL, ODETTE A.	
STREET ADDRESS 255 NE 6TH AVE	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. WINTZER A/T **WILLIAM R. WINTZER A/T** **4/14/03 (561)243-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)