

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414733 AV

DOCUMENT # P99000026726

1. Entity Name
SOUTHERN INTERIORS, INC.



FILED

03 APR 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14 SOUTH SWINTON AVE.
DELRAY BEACH FL 33444

Mailing Address
14 SOUTH SWINTON AVE.
DELRAY BEACH FL 33444

2. Principal Place of Business
255 NE 6TH AVE
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number 52-2158856

Applied For
Not Applicable

Zip 33483 Country USA

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

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
700016087217
04/15/03-01098-015 **150.00
City DELRAY BEACH FL Zip Code 33483

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 ☒ Delete
NAME SMITHERS, ROBERT M JR.
STREET ADDRESS 14 SOUTH SWINTON AVE.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ Delete
NAME WORRELL, THOMAS JR
STREET ADDRESS 14 S. SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE DPS ☒ Delete
NAME WORRELL, ODETTE A
STREET ADDRESS 14 S. SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO ☐ Change ☒ Addition
NAME GOODYEAR, KIMBERLY A
STREET ADDRESS 125 LA POSTA ROAD
CITY-ST-ZIP TAOS, NM 87571

TITLE CO ☒ Change ☐ Addition
NAME WORRELL, THOMAS E., JR
STREET ADDRESS 255 NE 6TH AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VSO ☐ Change ☒ Addition
NAME SAN MARTIN, MARTA
STREET ADDRESS 255 NE 6TH AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE A/T ☐ Change ☒ Addition
NAME WINTZER, WILLIAM R.
STREET ADDRESS 255 NE 6TH AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE V ☐ Change ☒ Addition
NAME WORRELL, ODETTE A.
STREET ADDRESS 255 NE 6TH AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Change ☐ 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 4/14/03 (561)243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)