

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90346 013 \*\*\*150.00

**DOCUMENT # P99000033117**1. Entity Name  
**J & W INTERIORS, INC.**Principal Place of Business  
**1657-A WEST UNIVERSITY PARKWAY  
SARASOTA FL 34243**Mailing Address  
**1657-A WEST UNIVERSITY PARKWAY  
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0910708**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LEVITT, SANDY  
2201 RINGLING BLVD. STE. 203  
SARASOTA FL 34237**

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

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 \$550.00  
After September 13, 2002 Fee 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, WILLIAM L**  
CITY-ST-ZIP **4040 42ND ST.  
SARASOTA FL 34235**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, COLLEEN A**  
CITY-ST-ZIP **4040 42ND STREET  
SARASOTA FL 34235**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/02 941-355 9683**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

*Florentine Marble*

Doc. # P99000033117  
119587

July 03, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

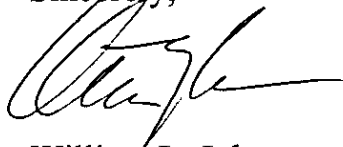
Dear Sir:

This letter is to inform you that we never received our first report to file the 2002 Uniform Business Report.

We are requesting that since we did not get our first report that you will waive the failure to file fee as stated on the last page to your form.

Enclosed please find the attached check of \$150.00, for the year 2002.

Sincerely,



William L. Johnson  
President