

# 2000 UNIFORM BUSINESS REPORT (UBR) <sup>158.75</sup>

0076060

DOCUMENT # P99000052229

1. Entity Name

N & N INTERIOR DESIGNS, INC.

FILED

00 FEB 23 PM 12: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

549 TETON ST  
LAKE MARY FL 32746

Mailing Address

549 TETON ST  
LAKE MARY FL 32746-2222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3582759

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, N DWANE JR  
GREENSPOON, MARDER, HIRSCHFELD ET AL  
135 W CENTRAL BLVD, SUITE 1100  
ORLANDO FL 32801

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 D ☐ Delete  
NAME WOLF, NANCY B  
STREET ADDRESS 549 TETON ST  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VP ☐ Change ☒ Addition  
NAME N. DWAYNE GRAY, JR.  
STREET ADDRESS 135 WEST CENTRAL BLVD., STE. 1100  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete  
NAME BORCK, NANCY L  
STREET ADDRESS 549 TETON ST  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition  
NAME 600003156116--4  
STREET ADDRESS -03/03/00--01030--001  
CITY-ST-ZIP \*\*\*2381.25 \*\*\*\*158.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. DWAYNE GRAY, JR.

2/22/00

Date

407-425-6559

Daytime Phone #

CR2E034 (9/99)

SP