

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069191

1. Entity Name

PALM BEACH HOME ACCENTS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90072 032 ***150.00

Principal Place of Business

Mailing Address

2327 SNUG HARBOR DRIVE
PALM BEACH GARDENS FL 33410

2327 SNUG HARBOR DRIVE
PALM BEACH GARDENS FL 33410-2059

2. Principal Place of Business

3. Mailing Address

1507 20th ST
Suite, Apt. #, etc.

1507 20th ST
Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Vero Beach FL

Zip

Country

Zip

Country

32960

USA

32960

USA

4. FEI Number

65-0944441

Applied For

Not Applicable

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

SAULL, JEFFREY
2327 SNUG HARBOR DRIVE
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

1507 20th ST

City

Vero Beach

FL

Zip Code

32960

8. The above named entity admits 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 ☐ Delete
NAME D
STREET ADDRESS SAULL, JEFFREY
CITY-ST-ZIP 2327 SNUG HARBOR DRIVE
PALM BEACH GARDENS FL 33410

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 687, 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

Date

Daytime Phone #

CR2E034 (9/99)