

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075734

1. Entity Name

ACKERMAN INTERIORS, INC.

**FILED**  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91549 022 \*\*\*150.00

Principal Place of Business

P.O. BOX 17732  
WEST PALM BEACH FL 33416

Mailing Address

P.O. BOX 17732  
WEST PALM BEACH FL 33416

2. Principal Place of Business

7084 Grapeview Blvd.

Suite, Apt. #, etc.

3. Mailing Address

7084 Grapeview Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-0944835

Applied For

Not Applicable

Zip

33470

Country

U.S.

Zip

33470

Country

U.S.

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

ACKERMAN, BETTY-BRETT, SR.

2547 NEW YORK STREET

WEST PALM BEACH FL 33406

7084 Grapeview Blvd.

Loxahatchee, FL

33470

Name

Brett Ackerman, SR.

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

7084 Grapeview Blvd.

Loxahatchee

FL

City

FL

Zip Code

33470

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

Michelle Ackerman, vice-president Michelle Ackerman 4/23/01

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, 2001 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 PSD  
NAME ACKERMAN, BRETT L  
STREET ADDRESS 2547 NEW YORK STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33406  
☐ Delete  
change of address

TITLE  
NAME Brett Ackerman, Sr.  
STREET ADDRESS 7084 Grapeview Blvd.  
CITY-ST-ZIP Loxahatchee, FL 33470  
☒ Change ☐ Addition

TITLE VTD  
NAME ACKERMAN, MICHELLE P  
STREET ADDRESS 2547 NEW YORK STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33406  
☐ Delete  
change of address

TITLE  
NAME Michelle Ackerman  
STREET ADDRESS 7084 Grapeview Blvd.  
CITY-ST-ZIP Loxahatchee, FL 33470  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

Michelle Ackerman Michelle Ackerman 4/23/01 (561) 662-8601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)