## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000077141 Mar 31, 2000 8:00 am **Secretary of State** DALLAIR INTERIORS, INC. 03-31-2000 90075 022 \*\*\*150.00 rire Interiors Principal Place of Business 3834 WEETAMCO CIRCLE 3834 WEETAMCO CIRCLE ORLANDO FL 32818 ORLANDO FL 32818 3. Mailing Address 2. Principal Place of Business 3834 Westamao Circle 834 Weetamoo Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired )ranae Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent allaire DALLAIRE, JERRY A Street Address (P.O. Box Number is Not Acceptable) 3834 WEETAMCO CIRCLE ORLANDO FL 32818 4 Weeta moo 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition ☐ Delete TITLE TITLE DALLAIRE, JERRY A NAME NAME 3834 WEETAMCO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.