

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90136 010 ***150.00

DOCUMENT # P99000077813

1. Entity Name
INTERIOR TEXTURE DESIGN, INC.



Principal Place of Business
**5250 COUNTRYSIDE COURT
ST. CLOUD FL 34771-9631**

Mailing Address
**5250 COUNTRYSIDE COURT
ST. CLOUD FL 34771-9631**

2. Principal Place of Business

5974 ED HARRIS COURT

Suite, Apt. #, etc.

3. Mailing Address

5974 ED HARRIS COURT

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-3599724

Applied For

Not Applicable

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JANNEY, RUSSEL

5250 COUNTRYSIDE COURT

ST. CLOUD FL 34771-9631

7. Name and Address of New Registered Agent

Name

JANNEY, RUSSEL

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

5974 ED HARRIS COURT

City

ST. CLOUD, FL

FL

Zip Code

34771

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

4-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JANNEY, RUSSEL**
STREET ADDRESS **1232 CREEKWOOD CIRCLE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☐ Delete
NAME **JANNEY, JAMES E**
STREET ADDRESS **5250 COUNTRYSIDE COURT**
CITY-ST-ZIP **ST. CLOUD FL 34771-9631**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **JANNEY, RUSSEL**
STREET ADDRESS **5974 ED HARRIS COURT**
CITY-ST-ZIP **ST. CLOUD, FL 34771**

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

TITLE **P** ☐ Change ☒ Addition
NAME **EMILY JANNEY**
STREET ADDRESS **5974 ED HARRIS CT**
CITY-ST-ZIP **ST. CLOUD, FL 34771**

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

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

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

12. 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 10 or Block 11 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

4-7-03

Date

407-908-1785

Daytime Phone #

CR2E034 (10/02)