

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078679

1. Entity Name

DEBORAH HENRY INTERIOR DESIGN ASSOCIATES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90009 026 ***150.00

Principal Place of Business

Mailing Address

333 6TH AVE.
INDIALANTIC FL 32903

333 6TH AVE.
INDIALANTIC FL 32903-4301

2. Principal Place of Business

3. Mailing Address

333 6th Ave
Suite, Apt. #, etc.

333 6th Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Indialantic

Indialantic

59-3598825

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

FL

32903

FL

32903

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, DEBORAH A
333 6TH AVE.
INDIALANTIC FL 32903

Name: Deborah A. Henry
Street Address (P.O. Box Number is Not Acceptable): 333 6th Ave
City: Indialantic FL Zip Code: 32903

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: Deborah A. Henry

(NOTE: Registered Agent signature required when reappointing)

4/13/00

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: President
NAME: Deborah Henry
STREET ADDRESS: 445 Spoonbill Lane
CITY-ST-ZIP: Melbourne Beach, FL 32951

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

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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:

DEBORAH HENRY

4/13/2000

321-723-8486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)