

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90085 043 \*\*\*150.00

0365882

**DOCUMENT # P99000090761**

1. Entity Name

**TOP DRAWER INTERIORS & DESIGN, INC.**

Principal Place of Business

2637 MCCORMICK DRIVE SUITE B  
CLEARWATER FL 33759

Mailing Address

2637 MCCORMICK DRIVE SUITE B  
CLEARWATER FL 33759

2. Principal Place of Business

Suite, Apt. #, etc.

29399 US 19N #320

3. Mailing Address

Suite, Apt. #, etc.

Suite 320

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761-2137

Country

USA

Zip

33761-2137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAYNOR, JOSEPH W ESQ  
2637 MCCORMICK DRIVE SUITE B  
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

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

29399 US 19N

Suite 320

City

Clearwater

FL

Zip Code

33761

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

*Joseph W Gaynor*  
Signature, type or printed name of registered agent and title if applicable.

Joseph W Gaynor

(NOTE: Registered Agent signature required when reinstating)

4-23-01

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

TITLE D  
NAME GAYNOR, JUDY  
STREET ADDRESS 219 WINDWARD PASSAGE  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE D  
NAME GAYNOR, JOSEPH W  
STREET ADDRESS 219 WINDWARD PASSAGE  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Joseph W Gaynor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

727-669-9200

Daytime Phone #

CR2E034 (10/00)