

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000097148

1. Entity Name

CP INTERIORS, INC.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90017 001 ***150.00

Principal Place of Business

Mailing Address

103 SEA OATES DRIVE UNIT C
JUNO BEACH FL 33408

103 SEA OATES DRIVE UNIT C
JUNO BEACH FL 33408-1455

8834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11211 Prosperity Farms Rd

11211 Prosperity Farms Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100A

Suite 100A

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

4. FEI Number

05-0955784

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

USA

33410

USA

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

POSNER, MICHAEL J ESQ
4420 BEACON CIRCLE SUITE 100
WEST PALM BEACH FL 33407

Name

CAROL PARSONS

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

1036 SEA OATES DRIVE

City

JUNO BEACH

FL

Zip Code

33408

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 CAROL PARSONS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8/00

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, 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 NAME STREET ADDRESS CITY-ST-ZIP
CAROL PARSONS, PRESIDENT
1036 Sea Oats Drive
Juno Beach FL 33408 ☐ 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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/8/00

Date

541-776-0466

Daytime Phone #

CR2E034 (9/99)