

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90284 014 ***158.75

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DOCUMENT # S21073

1. Entity Name
INTERIORS BY SHARON RAE, INC.



Principal Place of Business
4273 MONTALVO CT
NAPLES FL 34109
US

Mailing Address
4273 MONTALVO CT
NAPLES FL 34109
US



2. Principal Place of Business

6051 FAIRWAY CT.
Suite, Apt. #, etc.

3. Mailing Address

6051 FAIRWAY CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number **36-3750221**

Applied For
Not Applicable

Zip

34110

Country

COLLIER

Zip

34110

Country

COLLIER

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

RAE, SHARON S
4273 MONTALVO CT
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **SHARON S. RAE-HOLZ**

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

6051 FAIRWAY CT

City **NAPLES**

FL

Zip Code **34110**

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 *Sharon S. Rae-Holz*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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 **PVTS** ☐ Delete
NAME **RAE, SHARON S**
STREET ADDRESS **4273 MONTALVO CT** *correct/CHANGE*
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Sharon S. Rae-Holz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 139-594-505
Date Daytime Phone #

CR2E034 (10/02)