2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90235 011 ***150.00

DOCUMENT # S34373

1. Entity Name
JOYCE M. EDSEL INTERIORS, INC.

Principal Place of Business	Mailing Address
~~8230 BOB O LINK DR.~~ ~~W. PALM BEACH FL 33412~~ US	~~P.O. BOX 30051~~ ~~PALM BEACH GARDENS FL 33420~~ ~~US~~ 5665 HERON Lane - UNIT 2402 Naples FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5665 HERON LANE	5665 Heron Lane
Suite, Apt. #, etc. Naples	Suite, Apt. #, etc. UNIT 2402
City & State FL	City & State Naples FL
Zip 34110	Country
	Zip ~~34~~ 34110
	Country USA

4. FEI Number 65-0235375 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDSEL, BILL R
8230 BOB O LINK DRIVE
WEST PALM BCH FL 33412

7. Name and Address of New Registered Agent

Name: Bill R Edsel
Street Address (P.O. Box Numbers Not Acceptable): 5665 Heron Dr
#
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.

SIGNATURE: Bill R Edsel 4/20/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT EDSEL, JOYCE M. 8230 BOB O LINK W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition See Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDSEL, EDWARD E. 8230 BOB O LINK W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition See Above Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EDSEL, BILL R. 8230 BOB O LINK W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition See ABOVE Address
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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CR2E034 (10/00)

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: Bill R. Edsel Bill R Edsel 941-596-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #