

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90305 009 \*\*\*150.00

DOCUMENT # S44946

1. Entity Name  
COACH HOUSE INTERIORS, INC.

Principal Place of Business

5634 S ORANGE AVE  
ORLANDO FL 32809  
US

Mailing Address

5634 S ORANGE AVE  
ORLANDO FL 32809  
US

2. Principal Place of Business

12295 W. COLONIAL DR  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL.

City & State

WINTER GARDEN, FL.

Zip

34787

Country

USA

Zip

34787

Country

USA

4. FEI Number 59-2121173

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GIRDNER, PHYLLIS T.  
5634 S ORANGE AVE  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name  
PHYLLIS T. GIRDNER  
Street Address (P.O. Box Number is Not Acceptable)  
12295 W. COLONIAL DR.  
City  
WINTER GARDEN FL Zip Code  
34787

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 *Phyllis T. Girdner*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GIRDNER, PHYLLIS T 637 LAKE HARBOR DR. ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PHYLLIS T. GIRDNER 9325 WOODBREEZE BLVD. WINTERMERE, FL. 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phyllis T. Girdner*  
PHYLLIS T. GIRDNER

Jan. 23, 2001

Date

407-654-3242

Daytime Phone #

CR2E034 (10/00)