

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 049 ***150.00

DOCUMENT # S62560

1. Entity Name

INTERIORS BY PAULINE, INC.

Principal Place of Business

Mailing Address

1712 B BELLEAIR FORREST DR. 1712 B BELLEAIR FORREST DR.
 BELLEAIR FL 34616 BELLEAIR FL 34616

2. Principal Place of Business

1712 B BELLEAIR FOREST DR.

3. Mailing Address

1712 B BELLEAIR FOREST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3096404

Applied For

Not Applicable

Zip

33756

Country

Zip

33756

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OBRENTZ, PAULINE
 1712 B BELLEAIR FORREST DR
 BELLEAIR FL 34616

7. Name and Address of New Registered Agent

Name

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

1712 B BELLEAIR FOREST DR.

City

FL

Zip Code
 33756

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

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

OBRENTZ, PRES.

04/19/01

(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 DPV ☐ Delete
 NAME OBRENTZ, PAULINE
 STREET ADDRESS 1712 B BELLEAIR FORREST
 CITY - ST - ZIP BELLEAIR FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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TITLE ☐ Delete
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 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1712 B BELLEAIR FOREST DR
 CITY - ST - ZIP BELLEAIR, FL 33756

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

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

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

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:

Pauline Obrentz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBRENTZ, PRES.

04/19/01 (727) 585-2613

Date

Daytime Phone #