

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05234

1. Entity Name
THE OAKS INTERIORS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90117 020 ***150.00

Principal Place of Business

10133 S. FEDERAL HWY
PORT ST. LUCIE FL 34952
US

Mailing Address

10133 S. FEDERAL HWY
PORT ST. LUCIE FL 34952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0305842

Applied For

Not Applicable

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

JOHNSON, RAYMOND
10171 S. FED. HWY.
PT. ST. LUCIE FL 34952

Name JOHNSON, RAYMOND

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

10133 S. Federal Hwy

City PORT ST. LUCIE

FL

Zip Code 34952

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

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 D ☐ Delete
NAME JOHNSON, RAYMOND
STREET ADDRESS 10171 S. FEDERAL HIGHWAY
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE P.S ☐ Change ☒ Addition
NAME JOHNSON, RAYMOND
STREET ADDRESS 10133 S. Federal Hwy
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Raymond Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

Daytime Phone #

561-337-0090

CR21234 (10/00)