

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 003 ***150.00

DOCUMENT # PO1000031330 ✓
1. Entity Name
European Interiors Limited, Inc.

DO NOT WRITE IN THIS SPACE

11030148

2. Principal Place of Business
125 Worth Ave.
Suite, Apt. #, etc. Ste 302
City & State Palm Beach
Zip 33480 Country USA

3. Mailing Address
125 Worth Ave
Suite, Apt. #, etc. Ste 302
City & State Palm Beach
Zip 33480 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1108820
Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Barbara L Tolley
Street Address (P.O. Box Number is Not Acceptable) 2155 This Isle Rd
PH 2
City Palm Beach FL Zip Code 33480

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 Barbara L Tolley DATE 4-18-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January - May Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	<u>PDS</u> <u>Barbara L. Tolley</u> <u>125 Worth Ave Ste 302</u> <u>Palm Beach, FL 33480</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara L Tolley Director DATE 4-18-03 561-588-2502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)