

FILED
Mar 01, 2006 8:00 am
Secretary of State

DOCUMENT # P01000039690
1. Entity Name
CAPITAL BUSINESS INTERIORS, INC.

Principal Place of Business	Mailing Address
132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US	132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714891	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SALTER, DONNA V 411 SW 117TH ST GAINESVILLE, FL 32607	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALTER, DONNA VICKI 411 S W 117TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SALTER, HELEN D 2345 N WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALTER, DAVID P 411 SW 117TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALTER, WILLIAM E JR 2345 N WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Meredith Feeney 3780 Ivy Green Trail Tallahassee, Florida 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Vicki Salter 01/30/06 850-383-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #