04/29/02 MON 10:07 FAX 9544520855 Lundy & Shacter P 5/1

FILED
Jun 11, 2002 8:00 am
Secretary of State
05-16-2002 90091 016 ***150.00

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419103

1. Entity Name
INNOVATIONS FOR INTERIORS, INC.

DO NOT WRITE IN THIS SPACE

92429

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
11096 CLOVER LEAF CIR	11096 CLOVER LEAF CIR.	59-1441248
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —	☐ Applied For ☐ Not Applicable
City & State BOCA RATON, FL	City & State BOCA RATON, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 33428 Country USA	Zip 33428 Country USA	

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7. Name and Address of Current Registered Agent

Name MORRIE COURTNEY

Street Address (P.O. Box Number is Not Acceptable)
11096 CLOVER LEAF CIRCLE

City BOCA RATON FL Zip Code 33428

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 _____ DATE
If applicable, type or printed name of reg'd agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 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	PD ANITA COURTNEY 11096 CLOVER LEAF CIRCLE BOCA RATON, FL 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRIE COURTNEY 11096 CLOVER LEAF CIRCLE BOCA RATON, FL 33428
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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: _____ 5/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #