

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90100 034 \*\*\*150.00

**DOCUMENT # 498651**

1. Entity Name

**INTERIOR ENVIRONMENTAL PLANNING, INC.**

Principal Place of Business

**3015 W HAWTHORNE RD  
TAMPA FL 33611**

Mailing Address

**3116 W HAWTHORNE RD  
TAMPA FL 33611**

2. Principal Place of Business

**3116 W HAWTHORNE RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1686031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BLUMBERG, ROBERT  
3015 W HAWTHORNE RD  
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

**BLUMBERG, ROBERT**

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

**3116 W HAWTHORNE RD**

City

**TAMPA**

**FL**

Zip Code

**33611**

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

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

(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, 2002 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          | <b>P</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BLUMBERG, ROBERT</b>    |                                 |
| STREET ADDRESS | <b>3116 W HAWTHORNE RD</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33611</b>      |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BLUMBERG, STEPHEN</b>   |                                 |
| STREET ADDRESS | <b>750 COLUMBUS AVE</b>    |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>         |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BLUMBERG, JAYNE</b>     |                                 |
| STREET ADDRESS | <b>172-E 4TH ST.</b>       |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>         |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

CR2E034 (9/01)

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:

**ROBERT BLUMBERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 813 831-6008**

Date

Daytime Phone #