

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 498651

1. Entity Name
INTERIOR ENVIRONMENTAL PLANNING, INC.



FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90027 049 ***158.75

Principal Place of Business
**3116 W HAWTHORNE RD
TAMPA, FL 33611**

Mailing Address
**3116 W HAWTHORNE RD
TAMPA, FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**BLUMBERG, ROBERT
3116 W HAWTHORNE RD
TAMPA, FL 33611**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLUMBERG, ROBERT**
STREET ADDRESS **3116 W HAWTHORNE RD**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **D** ☐ Delete
NAME **BLUMBERG, STEPHEN**
STREET ADDRESS **750 COLUMBUS AVE.**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **D** ☐ Delete
NAME **BLUMBERG, JAYNE**
STREET ADDRESS **-172-E-4TH ST.**
CITY-ST-ZIP **NEW YORK, NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT BLUMBERG, Pres. 1/16/04 813 831-6008