

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90087 019 ***150.00

DOCUMENT # 536753

1. Entity Name
INTERIOR OUTLET, INC.

Principal Place of Business

**501 HARRY C RAYSON DR S
 ST MATTHEW SC 29135**

Mailing Address

**501 HARRY C RAYSON DR S
 ST MATTHEW SC 29135**

2. Principal Place of Business

1606 Bridge Street
 Suite, Apt. #, etc.

3. Mailing Address

1606 Bridge Street
 Suite, Apt. #, etc.

City & State

St Matthews SC

City & State

St Matthews SC

Zip

29135

Country

Zip

29135

Country

4. FEI Number

59-1751285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZIEGLER, FREDERICK J.
 6708 N. HIMES AVE.
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

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.

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

TITLE **PD** ☐ Delete
 NAME **KAPLE, GRANT A**
 STREET ADDRESS **102 ASHLEY OAKS DRIVE**
 CITY-ST-ZIP **BLYTHEWOOD SC 29016**

TITLE **T** ☐ Delete
 NAME **KAPLE, JENNIF B**
 STREET ADDRESS **102 ASHLEY OAKS DRIVE**
 CITY-ST-ZIP **BLYTHEWOOD SC 29016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02

Date

803 874 4648

Daytime Phone #

CR2E034 (9/01)