2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

536753 **DOCUMENT #**

1. Entity Name

INTERIOR OUTLET, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90056 015 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP						1	O WE TWO							
Suite, Apt. #, etc. City & State 4. FET Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285 Applicable File Number 59-1751285	1606 BRIDGE STREET			1606	1606 BRIDGE STREET				4 00.0 1 61100 11119	a hile (810) b ila			IS a nt O r a nt Lawr	
City & State Ci	Principal Place of Business 3			3. Ma	3. Mailing Address			-						
City & State City & State City & State City Country Zip Country S. Certificate of Status Dealard See Required Fige Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.				Псы	CON MEDE I	IE MANKINI	~ CHANCE		
Signature Power of registered agent State Stat	City & State			City & State				A CCI Number						
B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	Zip Country			Zip	Zip C		5. Certificate					\$8.75 Ad	lditional	
Agric Agri	6. Name and Address of Current			t Register	Registered Agent			<u></u>					ed	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		====				=Nam	o	/ Nam	e and Addres	S OT NEW H	egistered	Agent	- 	
TAMPA FL 33614 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 or registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	ZIEGLER,	FREDERICK	J.			-								
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 or registered agent. SIGNATURE	6708 N. H	HIMES AVE.				Stree	t Address (I	P.O. Box N	lumber is Not	Acceptable)	•	i		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Fil	tampa fi	33614	·											
SIGNATURE FILE NOW!!: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				-		City					FL	Zip Coc	de	
SIGNATURE Signature, typeed or printed name of requisered agert and 100e 4 applicable. (NOTE Registative requirind when reintating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above	e named entity	submits this statement	for the purp	ose of changing its	registered office	or register	ed agent,	or both, in the	State of Flor	ida. Lam	familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		the obligations of registered agent.												
After May 1, 2003 Fee will be \$550.00 May Bo Make Check Payable to Florida Department of State 10.	OIGHAIONE		or printed name of registered ager	nt and title if app	licable (NOTE	: Registered Agent sig	nature required	when reinstati	ng)		DATE			
Make Check Payable to Florida Department of State 10.	F	ILE NOW!!	! FEE IS \$150.00									· · ·		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP								'		, ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	K Payable to	-											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI		ion	OFFICERS AND	DIRECTO				ADDITI	ONS/CHANG	ES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition AMME STREET ADDRESS CITY-ST-ZIP		I . —	ANT A		□ Delete							☐ Change	Addition	
CITY-ST-ZIP BLYTHWOOD SC 29016 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-						s							
NAME STREET ADDRESS CITY-ST-ZIP BLYTHEWOOD SC 29016 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	T			☐ Delete	TITLE						Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZIP							S						j	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DETTINEWO	OD 5C 29016				<u> </u>		- .					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete		~		-	. 7 =		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS						s İ							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<u>_</u> _												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE			٠,,		•	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME					NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZIP							\$							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	<u>-</u> -		-	 							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP		ı			☐ Delete		ľ					☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS													
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete							Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME												Addition	
011-37-28	STREET ADDRESS						•						ł	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Specific 110 07(3Vi). Florido Ctatutas 14 of the state of th		artify that ih -	information average at A			<u> </u>								

12. indicated on this report or supplied with this filling 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 supplied entities 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 recover or trustee empowered by 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 approximation of the corporation of the corporation of the recover of trustee empowered.

SIGNATURE:

ZIZKEQUIRED IAME OF SIGNING OFFICER OR DIRECTOR