## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

3722 BOBBIN MILL RD

TALLAHASSEE FL 32312

## 683895 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

TALLAHASSEE FL 32312

3722 BOBBIN MILL RD

TALLAHASSEE FL 32312

Suite, Apt. #, etc.

City & State

Zip

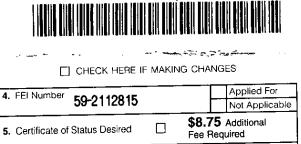
SIGNATURE

SHIRLMAR INTERIORS, INC.



## FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90102 016 \*\*\*150.00



DATE

6. Name and Address of Current Registered Agent FLETCHER, D. MARK 1292 TIMBERLANE RD

7. Name and Address of New Registered Agent					
Name					
Street Address (P.O.	Box Number is N	lot Acceptab	le)		
City			FL	Zip Code	
ed office or registered a	agent, or both, in	the State of F	lorida. I am fai	miliar with, and ac	сер

8. The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. 🔨 Addition ☐ Change TITLE Delete **PSTD** TITLE NAME MARSTON, SHIRLEY J NAME STREET ADDRESS 3722 BOBBIN MIL RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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 suppliemental 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.