2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2003 8:00 am

DOCU 1. Entity Nam	MENT # 753712					cretary (-11-2003 90050 03		
INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORIDA A CHAPTER, INC.					07	-11-2003 90030 0.	34 / V.O	O
Principal Plac	ce of Business	Mailing Address						
110-20TH AVENUE NORTH		P.O. BOX 7797		J				
		ST. PETERSBURG FL 33734-7	7797	1				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2029657 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent					
Nam								
MITROVKA, DEBORAH A			Street A	ddress (P	O. Box Number is N	Not Acceptable)		
110 20TH AVENUE NORTH			<u> </u>					
ST. PETERSBURG FL 33704								
•			City	y 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.								
The configuration of registrated agent.								
SIGNATURE Webstock A Metrov Ka Warroh A. Mitrovka 7/10/03						<u>は</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23	9. Election Camp Trust Fund Cor	- •		\$5.00 May Be Added to Fees	Make Che Fiorida Dep	ck Payable artment of S	
	tember 10, 2003, min will be \$2	36.25 Trust Fund Cor	- •		Added to Fees DDITIONS/CHANGI		artment of S	State
After Sept	OFFICERS AND DIR	36.25 Trust Fund Cor	ntribution.	L Oco	Added to Fees DDITIONS/CHANGI	Fiorida Dep	artment of S	State
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St. Retersburg, FL 33704 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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

110-20th Ave North

STREET ADDRESS

CITY-ST-ZIP