

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 033 ***150.00

DOCUMENT # F00000000416

1. Entity Name
PS BUSINESS INTERIORS, INC.

Principal Place of Business
**940 NORTH DELAWARE AVE.
 PHILADELPHIA PA 19123**

Mailing Address
**940 NORTH DELAWARE AVE.
 PHILADELPHIA PA 19123**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2337356

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PS SHURE, JACK**
 STREET ADDRESS **220 W. RITTENHOUSE SQUARE, #14A**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VT SHURE, ANDREW**
 STREET ADDRESS **220 W. RITTENHOUSE SQUARE, #14A**
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/02

Date

610-650-9950

Daytime Phone #

CR2E034 (4/02)

Attachment

1045 South Trooper Road
Norristown, PA 19403
Telephone: 610-650-9950
FAX: 610-650-9960

FOIA 416
120717



July 8, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Attn: Steve

Dear Steve,

Enclosed please find our check number 50091 in the amount of \$150.00. As per our conversation, since we did not receive the first report in February we can remit the normal fee instead of the \$550 requested with this filing.

Very truly yours,

A handwritten signature in cursive script that reads 'Lois Schure'.

Lois Schure
Office Manager

Enc: