

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 046 ***150.00

DOCUMENT # F00000001800

1. Entity Name
PAMELA MCCARTHY INTERIORS, LTD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2921 MIDDLEBURY LANE Suite, Apt. #, etc.	3. Mailing Address 2921 MIDDLEBURY LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BLOOMFIELD HILLS, MI	City & State BLOOMFIELD HILLS	4. FEI Number 38-3435269	Applied For Not Applicable
Zip 48301	Country USA	Zip 48301	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PAMELA MCCARTHY**
Street Address (P.O. Box Number is Not Acceptable)
303 DEER CREEK RUN

City **DEERFIELD BEACH** FL Zip Code **33442**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **PAMELA MCCARTHY**
STREET ADDRESS **2921 MIDDLEBURY LANE**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT**
NAME **MICHAEL MCCARTHY**
STREET ADDRESS **2921 MIDDLEBURY LANE**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48301**

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-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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PAMELA MCCARTHY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)