

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F72754**

1. Entity Name
BECKER'S INTERIORS, INC.



**FILED
Apr 09, 2003 8:00 am
Secretary of State**

04-09-2003 90097 041 ***150.00

0464525
AV

Principal Place of Business
**13823 CHERRY BROOK LN
TAMPA FL 33618
US**

Mailing Address
**13823 CHERRY BROOK LN
TAMPA FL 33618
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-2184441** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER, LARRY A
13823 CHERRY BROOK LANE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD**
NAME **BECKER, DORTHA R**
STREET ADDRESS **13823 CHERRY BROOK LN**
CITY-ST-ZIP **TAMPA, FL 00000**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **PTD**
NAME **BECKER, LARRY A**
STREET ADDRESS **13823 CHERRY BROOK LN**
CITY-ST-ZIP **TAMPA, FL 00000**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

Larry A. Becker President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/ DIRECTOR

4/7/03 (813) 265-4591

Date

Daytime Phone #

CR2E034 (10/02)