

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91881 043 ***150.00

DOCUMENT # H53663

1. Entity Name
BRASS INTERIORS, INC.



Principal Place of Business
**20505 US 19 #169
CLEARWATER FL 34624-3007**

Mailing Address
**20505 US 19 #169
CLEARWATER FL 34624-3007**



2. Principal Place of Business
1016 McMullen Booth Rd.
Suite, Apt. #, etc.

3. Mailing Address
1016 McMullen Booth Rd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER FL
Zip
33759

Country
USA

City & State
CLEARWATER FLORIDA
Zip
33759

Country
USA

4. FEI Number
59-2448384

Applied For
☐ Not-Applicable

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

6. Name and Address of Current Registered Agent

**CURTIS, WILMA
20505 US 19 #169
CLEARWATER FL 34624-3007**

7. Name and Address of New Registered Agent

Name
Curtis, Wilma
Street Address (P.O. Box Number is Not Acceptable)
1016 McMullen Booth Rd.
City
CLEARWATER FL Zip Code
33759

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 **Wilma C. Curtis**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CURTIS, WILMA C. | |
| STREET ADDRESS | 2188 CAMPUS DR. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VST | <input type="checkbox"/> Delete |
| NAME | CURTIS, ROBERT H. | |
| STREET ADDRESS | 2188 CAMPUS DR. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CURTIS, ROBERT H. | |
| STREET ADDRESS | 2188 CAMPUS DR. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 **727-492-7289**
Date Daytime Phone #

CR2E034 (10/02)