

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2000 8:00 am
Secretary of State

04-26-2000 90097 044 ***150.00

DOCUMENT # H77722

1. Entity Name
HOWARDS INTERIORS, INC.

Principal Place of Business
**3472 S.E. FEDERAL HIGHWAY
 STUART FL 34997**

Mailing Address
**3472 S.E. FEDERAL HIGHWAY
 STUART FL 34997-4916**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2894943		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HOWARD, RICK T. 8294 S.E.-SANCTUARY-DRIVE HOBE SOUND FL 33455				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, RICK T. 8294 SE SANCTUARY DRIVE HOBE SOUND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Susan C Walker 903 NW Pine Lake Drive Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOWARD, NANCY W. 8294 SE SANCTUARY DRIVE HOBE SOUND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Susan C Walker* **561-**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/11/2000** **286-0221**
 Date Daytime Phone #

CR2E034 (9/99)