


04-21-2003 90382 032 ***158.75

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

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

2. Principal Place of Business
3100 SE Federal Hwy

3. Mailing Address
3100 SE Federal Hwy

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Stuart FL

City & State
Stuart FL

Zip
34994

Country
USA

4. FEI Number
59-2894943

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, RICK T.
 8294 S.E. SANCTUARY DRIVE
 HOBE SOUND, FL 33455

Rick T. Howard

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 *Rick T. Howard* DATE *4/17/03*

Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when resigning.)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWARD, RICK T.	
STREET ADDRESS	8294 SE SANCTUARY DRIVE	
CITY-ST-ZIP	HOBE SOUND, FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HOWARD, NANCY W.	
STREET ADDRESS	8294 SE SANCTUARY DRIVE	
CITY-ST-ZIP	HOBE SOUND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, NANCY W.	
STREET ADDRESS	8294 SE SANCTUARY DRIVE	
CITY-ST-ZIP	HOBE SOUND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SUSAN C	
STREET ADDRESS	903 NW PINE LAKE DRIVE	
CITY-ST-ZIP	STUART, FL 34994	
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
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: *Rick T. Howard* Rick T. Howard
 4/17/03 772-286-0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)