

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90152 032 ***150.00

DOCUMENT # J29749

1. Entity Name
BLACK'S OFFICE INTERIORS, INC.



Principal Place of Business

~~427 W GARDEN ST~~
P.O. BOX 13066
PENSACOLA FL 32501
US

Mailing Address

~~427 W GARDEN ST~~
PO BOX 13066
PENSACOLA FL 32591
US

2. Principal Place of Business

3960 NAVY BLVD #18

Suite, Apt., etc.
PENSACOLA, FL
City & State

Zip
32507

Country

3. Mailing Address

P.O. BOX 13066

Suite, Apt., etc.
PENSACOLA, FL
City & State

Zip
32591

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2704066**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, ROBERT B
427 W GARDEN ST
PO DRAWER 13066
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3960 NAVY BLVD #18

City **PENSACOLA**

FL

Zip Code

32507

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]*
Signature, type 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

TITLE **PD** ☐ Delete
NAME **BLACK, ROBERT B.**
STREET ADDRESS **~~427 W GARDEN ST~~**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☐ Delete
NAME **BLACK, MARVALEE A.**
STREET ADDRESS **~~427 W GARDEN ST~~**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P.O. BOX 13066**
CITY-ST-ZIP **32591**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P.O. BOX 13066**
CITY-ST-ZIP **32591**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 (850) 455-9433

Date

Daytime Phone #

CR2E034 (10/02)