2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88503

1. Entity Name

TAMARA TENNANT INTERIOR DESIGN, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90142 009 ***150.00

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Suito, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2499 GLADES ROAD SUITE 202			2499, GLADES, ROAD SUITE 202											
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ENNANT DEBRUNNER, TAMARA 2499 GLADES ROAD SUITE 202 BDCA RATON FL 33431 8. The above named entity submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar with, and accept the cellipation of the state of Florida. I am familiar wit	City & Stat	e	City & State				4.	4. FEI Number 59-2820859			<u> </u>	├			
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BOCA RATON FL 33431 City	2499 GLADES ROAD							TAP dress (P.O.	ARA 7 Box Number is	ENN Not Accepta	ANT able)				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primal name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DO TENNANT DEDRUNCH, TAMARA TRANSITED ADDRESS CITY-ST-2P FORT LAUDERDALE FL 33301 THE NAME STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDR			191												
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2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #