

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000T2081

1. Entity Name
INTERIOR MOTIVES, LLC

FILED

01 JUN 21 PM 12:00

Principal Place of Business
1201 N 9TH AVENUE
PENSACOLA FL 32501

Mailing Address
1201 N 9TH AVENUE
PENSACOLA FL 32501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1200 N. 9th AVE.
Suite, Apt. #, etc.

3. Mailing Address
1200 N. 9th AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA FL
Zip
32501
Country
Escambia

City & State
PENSACOLA FL
Zip
32501
Country

4. FEI Number
59-3668988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WHIT L JR.
3711 MCCLELLAN RD.
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name
Donda Wilson
Street Address (P.O. Box Number is Not Acceptable)
1200 N. 9th AVE
City
PENSACOLA FL Zip Code
32501

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

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

10. ADDITIONS / CHANGES

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

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05/29/01--01866-008
*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 850-470-2430

CR2E083 (11/00)