

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90044 035 ***150.00

DOCUMENT # L67160

1. Entity Name
INTERIOR ARTS, INC.

Principal Place of Business

**272 N.W. BAKER RD.,
 STUART FL 34994**

Mailing Address

**272 N.W. BAKER RD.
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0200707**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, ARNOLD
 272 BAKER RD.
 STUART FL 33494-1040**

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.

SIGNATURE Nellie Carter
 Signature, typed or printed name of registered agent and title if applicable.

Vice President
 (NOTE: Registered Agent signature required when reinstating)

4/18/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ARNOLD	
STREET ADDRESS	272 N.W. BAKER RD.	
CITY-ST-ZIP	STUART FL 34994-1040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, NELLIE	
STREET ADDRESS	272 N.W. BAKER RD.	
CITY-ST-ZIP	STUART FL 34994-1040	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, DALE	
STREET ADDRESS	1500 N. CONGRESS AVE.	
CITY-ST-ZIP	W.P. BEACH FL 33407	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, JANICE	
STREET ADDRESS	2122 ECHO LANE	
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Nellie Carter - Nellie Carter - Vice President 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)