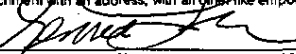


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90207 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80107194

DOCUMENT # L70842		
1. Entity Name INTERIORS BY ROXANNE, INC.		
Principal Place of Business % HOWARD C. STROSS P. O. BOX 278 OZONA, FL 34660 US		Mailing Address 33920 US HWY 19 N STE 351 PALM HARBOR, FL 34695 US
2. Principal Place of Business 2884 Kensington Trace		3. Mailing Address 1801 Pepper Tree Dr
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State TARPON SPRINGS, FL		City & State Oldsmar FL
Zip 34688		Zip 34677
Country		Country
4. FEI Number N/A		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STROSS, HOWARD C. 33920 US HWY 19 N STE 351 PALM HARBOR, FL 33684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 Pepper Tree Dr City Oldsmar FL Zip Code 34677
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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PST CONNOR, ROXANNE C. PO BOX 278 OZONA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2884 Kensington Trace TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 		4/29/03 727-937-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

CH2E034 (10/02)