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	Mailing Address
% HOWARD C. STROSS P. O. BOX 278 OZONA, FL 34660 US	33920 US HWY 19 N STE 351 PALM HARBOR, FL 34695 US

2. Principal Place of Business	3. Mailing Address
3884 Kensington Trace	1801 Pepper Tree Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, Fl	City & State: Oldsmar Fl
Zip: 34688 Country:	Zip: 34677 Country:

☑ CHECK HERE IF MAKING CHANGES

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 ____________________
Signature, typed 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CONNOR, ROXANNE C. PO BOX 279 OZONA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3884 Kensington Trace TARPON SPRINGS, Fl 34688	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] — 4/29/03 — 727-937-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #