## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## M54290 DOCUMENT #

1. Entity Name

MARCOUX INTERIORS INC.



**FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90047 038 \*\*\*150.00

				GO WE THE				
Principal Plac 1192 CHINAB WESTON FL : US	ERRY	Mailing Address 1192 CHINABERRY WESTON FL 33327 US						
2. Principal P	lace of Business	3. Mailing Address				81 01111 01010 11 <b>616</b> 10111 0011 0		0:0:1 0:E   !00
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	е	City & State	City & State			4. FEI Number 65-0268745		Applied For lot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Register	red Agent	
				Name				
	X, RONALD L. <del>BECKLEY SQUARE</del> 1192 ( FL 33327	Street Address (P.O. Box Number is Not Acceptable)						
.;i				City			FL Zip Co	de
SIGNATURE .	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00	and title if applicable.	(NOTE: Registere	rd Agent signature requi	9. Election	DA on Campaign Financing Fund Contribution.		00 May Be
	Payable to Florida Department o	<u>. , , l , , </u>	- La					
10.	OFFICERS AND		11.		ADDITIONS/CH	ANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marcoux, Ronald L. 192 Chinaberry Drive Weston FL 33326						() Change	Addition
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12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954 401 8641