

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55357

1. Entity Name

P.B. INTERIORS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90131 024 ***150.00

Principal Place of Business

Mailing Address

835 HIBISCUS LANE
 VERO BEACH FL 32963
 US

835 HIBISCUS LANE
 VERO BEACH FL 32963-2036
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2823804**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

OSBORNE, MADELAINE BERT
 835 HIBISCUS LANE
 VERO BEACH FL 32963

ENDLER, ANNE B.
 835 Hibiscus Lane
 Vero Beach FL 32963

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 Anne B. Endler Anne B. ENDLER DTS 1/11/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	DTS	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, MADELAINE	
STREET ADDRESS	835 HIBISCUS LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BERTRAM, PAULINE M.	
STREET ADDRESS	835 HIBISCUS LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHAFFEE, DOROTHY F.	
STREET ADDRESS	630 SANDFLY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DTS	<input checked="" type="checkbox"/> Change
NAME	ENDLER, ANNE B.	
STREET ADDRESS	835 Hibiscus Lane	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Pauline M. Bertram
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-2343057

CR2E034 (9/99)