Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-10-2002 90228 028 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

978908

DOCUMENT # P00000059340

1. Entity Name

Custom Interiors & Design Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
283 Foxtail Avenue Suite, Apt. #, etc.	283 Foxtail Avenue Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Middleburg Florida	City & State: Middleburg, Florida	4. FEI Number: 59-3654270 ☐ Applied For ☐ Not Applicable
Zip: 32068 Country: Clay	Zip: 32068 Country: Clay	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Angela C Myer

Street Address (P.O. Box Number is Not Acceptable): 283 Foxtail Avenue

City: Middleburg FL Zip Code: 32068

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: Angela C Myer 9-3-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: V. President chang To President NAME: Angela C. Myer STREET ADDRESS: 283 Foxtail Avenue CITY-ST-ZIP: middleburg FL 32068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: President NAME: Keith B Myer Delete STREET ADDRESS: 283 Foxtail Avenue CITY-ST-ZIP: middleburg FL 32068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Angela C Myer 9-3-02 9045097187

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