FILED Apr 23, 2003 8:00 am Secretary of State

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

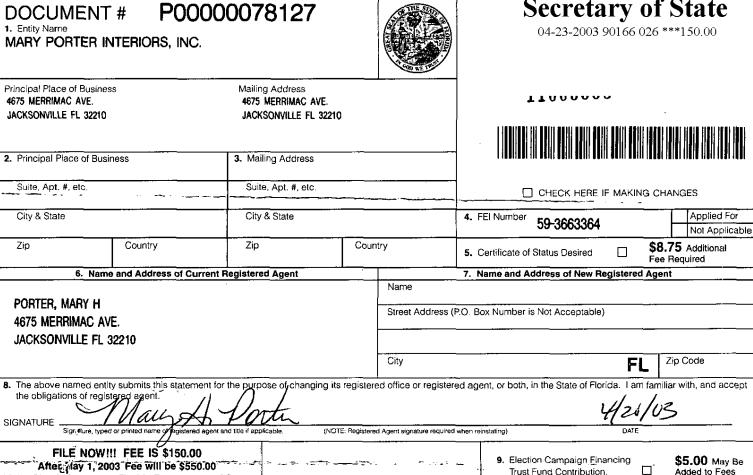
DOCUMENT #

1. Entity Name

City & State

Zip

MARY PORTER INTERIORS, INC.



SIGNATURE Maus Hortin		421/03			
Sign, ture, typed or printed name of agistered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00	A Floring Co		#5.00		

After (lay 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.

\$5.00 May Be Added to Fees

						<u></u>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, MARY H 4675 MERRIMAC AVE. JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition

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

CITY-ST-ZIP

CITY-ST-ZIP