## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 05, 2002 8:00 am P00000110247 DOCUMENT # **Secretary of State EXQUISITE INTERIORS INC.** 03-05-2002 90141 029 \*\*\*150.00 Principal Place of Business Mailing Address 3611 117TH ST WEST STE #9 PO BOX 778 **BRADENTON FL 34210** CORTEZ FL 34215 2. Principal Place of Business 3. Mailing Address 10033 34th Street Wes PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite#11 Applied For City & State 4. FEI Number City & State 65-1070788 Bradenton Not Applicable ortez Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34*215* 342.1C Fee Required <u>1anatee</u> Manatee 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent --Iracy RIEHL, TRACY S Street Address (P.O. Box Number is Not Acceptable) 3611 117TH ST WEST STE #9 **BRADENTON FL 34210** 34th Street West Suite #117 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete TITLE RIEHL, TRACY S RIEHL, TRACYS. NAME NAME 3611 117TH ST WEST STE #9 STREET ADDRESS STREET ADDRESS 6033, 34th Street Nest Bradenton, FL34210 **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition HARMAN, ROBERT H HARMON, ROBERT H III NAME NAME 6033 34th Street West 3611 117TH STREET WEST STE. # 9 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34210 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR