2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 29, 2003 8:00 am
Secretary of State
04-30-2003 90147 005 ***150.00

DOCUMENT # P01000016159

1. Entity Name
DISTINCTIVE INTERIOR CONTRACTING, INC.

Principal Place of Business	Mailing Address
1902 SW 7TH AVENUE POMPANO BEACH FL 33060	1902 SW 7TH AVENUE POMPANO BEACH FL 33060

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1411 SW 12TH AV	1411 SW 12TH AV
Suite, Apt. #, etc. SUITE D	Suite, Apt. #, etc. SUITE D
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33334 Country	Zip 33334 Country

4. FEI Number 65-1077586 ☐ Applied For ☐ Not Applicable

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
CRAMMER, EDWIN L 7481 W OAKLAND PARK BLVD #102 LAUDERHILL FL 33319	Name PETER BURKE Street Address (P.O. Box Number is Not Acceptable) 1411 SW 12TH AV SUIT D City POMPANO BEACH FL Zip Code 33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Peter Burke President 5/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKE, PETER A 4401 NE 17TH TERRACE OAKLAND PARK FL 33334	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATKINS, TRACY G 1651 NW 56TH COURT FT LAUDERDALE FL 33334	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BURKE PRESIDENT Peter Burke President 4/24/03 954 2886128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #