

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90096 011 ***150.00

DOCUMENT # **PO1000031330**

1. Entity Name

European Interiors Limited, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 Worth Ave.

Suite, Apt., etc.

Suite 302

3. Mailing Address

125 Worth Avenue

Suite, Apt., etc.

Suite 302

City & State

Palm Beach FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

65-1108820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael Posner

Street Address (P.O. Box Number is Not Acceptable)

4420 Beacon Circle

Suite 1000

City

West Palm Beach

FL

Zip Code

33407

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**Barbara L Tolley P Dir
125 Worth Ave Ste 302
Palm Beach FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Bradford Tolley ST Dir
125 Worth Ave Ste 302
Palm Beach FL 33480**

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)