CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

P01000040272 DOCUMENT # 1. Entity Name 04-17-2002 90155 023 \*\*\*150 00 ISLAND INTERIORS CONSIGNMENT, INC. Principal Place of Business Mailing Address 1527 N OLD DIXIE HWY 1527 N OLD DIXIE HWY JUPITER FL 33469 JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~SUE~CVNNIPF **CUNNIFF, GEORGE** Street Address (P.O. Box Number is Not Acceptable) 1527 N. OLD DIXIE HWY. 1527 N. OLD DIXIE HIGHWAY JUPITER FL 33469 JUPITER 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. PRESIDENT SVE CUNNIFF \_\_ FILE NOW!!! FEE IS.\$150.00\_\_. 9. This corporation is diigible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE SVE CUNNIFF **CUNIFF. GEORGE** NAME NAME 9620 SE POINT TERRACE STREET ADDRESS 9620 SE POINT TERRACE STREET ADDRESS TEQUESTA, FL 33469 **TEQUESTA FL 33469** CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GEORGE CUNNIFF NAME correct 9620 SE POINT TERRACE Spelling STREET ADDRESS STREET ADDRESS TEQUESTA, FL 33469 CUTY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE

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

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition