

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

0347267 AV

04-16-2003 90176 036 ***150.00

DOCUMENT # **P01000099630**

1. Entity Name
INTERIORS BY KAREN LYNN, INC.



Principal Place of Business
**2125 SE 10TH AVE.
#1009
FORT LAUDERDALE FL 33316**

Mailing Address
**2125 SE 10TH AVE.
#1009
FORT LAUDERDALE FL 33316**



2. Principal Place of Business
**2551 S Rd 84
St. Lauderdale, FL**

3. Mailing Address
**2551 S Rd 84
St. Lauderdale, FL**

Suite, Apt. #, etc.
St. Lauderdale, FL

City & State
St. Lauderdale, FL

Zip
33312

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1149890** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POULOS, KAREN L
2125 SE 10TH AVE. #1009
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent
Name
Karen Poulos, L

Street Address (P.O. Box Number is Not Acceptable)
2551 S Rd 84

City
St. Lauderdale, FL 33312

State
FL

Zip Code

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 *Karen Poulos* (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POULOS, KAREN L 2107 SOUTHEAST 10TH AVENUE FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interiors By Karen Lynn c/o Kelly Marine 2551 S Rd 84 St. Lauderdale, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen Poulos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/2003**
Daytime Phone #

CFR2E034 (10/02)