

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90095 023 ***158.75

DOCUMENT # P02000044607

1. Entity Name
INTERNATIONAL OFFICE INTERIORS, INC.



Principal Place of Business
**801 INTERNATIONAL PKWY 5TH FLOOR
LAKEMARY FL 32746**

Mailing Address
**801 INTERNATIONAL PKWY 5TH FLOOR
LAKEMARY FL 32746**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

801 International Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

5th Floor

Lake Mary, Florida

32746 U.S.A.

4. FEI Number
02-0586801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **SUSANNA Knight - President**
Street Address (P.O. Box Number is Not Acceptable)
1526 Cherry Lane Way

City **Heathrow, FL** Zip Code **32746**

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 **SUSANNA Knight**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing agent.)

DATE

1-29-03

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
KNIGHT, SUSANNA
801 INTERNATIONAL PKWY 5TH FLOOR
LAKEMARY FL 32746**

☐ Delete

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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: **SUSANNA Knight**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 407-256-6070
Date Daytime Phone #

CR2E034 (10/02)