FILED

03 SEP 11 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095773

1. Entity Name
WALL TECH INTERIORS INC.

Principal Place of Business	Mailing Address
~~8286 WESTERN WAY CIRCLE UNIT D2~~ JACKSONVILLE, FL ~~32256~~ 32217 6005 Powers Ave Suite 110	~~8286 WESTERN WAY CIRCLE UNIT D2~~ JACKSONVILLE, FL ~~32256~~ 32217 6005 Powers Ave Suite

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6005 Powers Ave		6005 Powers Ave	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110	
City & State Jax Fla		City & State Jax Fla	
Zip 32217	Country USA.	Zip 32217	Country USA

4. FEI Number 900106184 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PHILLIP
~~8286 WESTERN WAY CIR UNIT D2~~ 6005 Powers Ave Suite 110
JACKSONVILLE, FL ~~32256~~ 32217

7. Name and Address of New Registered Agent

Name

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

City 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 [signature]
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
Amended UBR's $61.25
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	P SMITH, PHILLIP 8286 WESTERN WAY CIR UNIT D2 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6005 Powers Ave Suite 110 Jax Fl 32217	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, FRAN A 8286 WESTERN WAY CIRCLE UNIT D2 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6005 Powers Ave Suite 110 Jax Fl 32217	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022961403 09/11/03--01036--007 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JR 9/11

Please accept my application
at this time. The latest is due to
forms being mailed to incorrect
address

Thank you
Phillis Smith

I have corrected my address
on the enclosed forms.