

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90199 001 ***150.00
02-04-2003 90199 002 *****8.75

DOCUMENT # P02000103595

1. Entity Name
COURAGE INTERIOR CONSTRUCTION COMPANY



Principal Place of Business
**8885 OKEECHOBEE BLVD. #207
WEST PALM BEACH FL 33411**

Mailing Address
**P.O. BOX 210425
505 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

35004685



2. Principal Place of Business

3. Mailing Address
8885 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BCH FL

4. FEI Number
55-0802524

Applied For
Not Applicable

Zip

Country

Zip
33411

Country

PALM BCH

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, AUBIN W ESQ.
505 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411**

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, 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

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
**PRESIDENT
MARVALYN V. WHITMORE
8885 OKEECHOBEE BLVD
#207
WEST PALM BCH, FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. PRESIDENT
TOMLIN G. WHITMORE
8885 OKEECHOBEE BLVD. #207
W. PALM BCH, FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MARVALYN V. WHITMORE
8885 OKEECHOBEE BLVD. #207
W. PALM BCH, FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
TOMLIN G. WHITMORE
8885 OKEECHOBEE BLVD. #207
W. PALM BCH, FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 561-791-7415

Date

Daytime Phone #

CR2E034 (10/02)