2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

8885 OKEECHOBEE BLVD. #207

WEST PALM BEACH FL 33411

P02000103595

Mailing Address

P.O. BOX 210425

505 ROYAL PALM BEACH BLVD.

ROYAL PALM BEACH FL 33411

1. Entity Name

COURAGE INTERIOR CONSTRUCTION COMPANY



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

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

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2. Principal Place of Business		3. Mailing Address 8885 NKERHOBEE BL			BL	- I I BANTAN IN BANT HAN BANT ARM BANK HAN BANK HIN AND HAND HAN BANT AND					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI	Number	 		oplied For	
		WEST PARM BCH FL			<u>- </u>	55-0802524 Not Applicable					
Zip	Country	Zip 33411	PALM BCH		+	5. Cer	rtificate of Status Desired	T	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
ROBINSON, AUBIN W ESQ				Name Street Address (P.O. Box Number is Not Acceptable)							
ROTAL PA	ALM BEACH FL 33411									ĺ	
	·		City					F	L Zip Cod	е	
8. The above named entity submits his 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 fields 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							Election Campaign Fin Trust Fund Contribution	in.	☐ Added	00 May Be	
10.	OFFICERS AND I		11.			ADDI	TIONS/CHANGES TO OFF	ICERS AN			
TITLE	MARVAI VIN V.	WHITMBRE	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS	RESE DIVEELH	OBEE BLYD	NAM	ET ADDRESS							
CITY-ST-ZIP	MARVALYN V. WHITMBEE 8885 OKEECHOBEE BLVD WEST PALMBCH, FL. 33411			-ST-ZIP							
TITLE	11 DRECIDENT	, □ Delete	TITL	E					☐ Change	☐ Addition	
NAMÉ	T-min C. W	HITMORE	NAM	E							
STREET ADDRESS	TOMLIN -C. WI 8885 OBEECHOBE	ELBILLID #20	C. STRE	ET,ADDRESS						_	
CITY-ST-ZIP	W. Palm Beth H	3341)	CITY	-ST-ZIP							
TITLE	SECRETARY	WHITMORE	TITL	1					Change	☐ Addition	
NAME	MARVALYN V. 8885 OKEE LHG	WINDING TO THE	NAM Zor	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	W. PALM BCH, F	33411	CITY	-ST-ZIP							
	550 -00.00=5	ш.,	TITL		•			-	☐ Change	Addition	
TITLE NAME	الماسم ينسا	HTMO RE	MAN						Change		
STREET ADDRESS	8885 OKEELHO	BEE BLVD. #7	ار مار 7 المار	ET ADDRESS							
CITY-ST-ZIP	W. PALM BCH,	12.33411	CITY	-ST-ZIP							
TITLE		☐ Delete	TITL						☐ Change	Addition	
NAME			NAM	E							
STREET ADDRESS				ET ADDRESS						ļ	
CITY-ST-ZIP			CITY	-ST-ZIP					 		
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CITY-ST-ZIP		Maria PRoceedings of the Control of	GIIY	-ST-ZIP	-11- 0	41 4	0.07(0)(0) Fl 0: : :	1.5		afa anasti	

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:

SIGNATURED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/30/03.561-791-7415

Daytime Phone #

CR2E034 (10/02