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

01-16-2003 90070 014 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131893

1. Entity Name

INTERIOR TRIM SPECIALTIES, INC.

DO NOT WRITE IN THIS SPACE

70011087

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7027 FRASCATI LOOP	7027 FRASCATI LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL.	City & State: Wesley Chapel, FL
Zip: 33544 Country: PASCO	Zip: 33544 Country: PASCO

4. FEI Number: 81-0588876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRIAN W. BELMONTE

Street Address (P.O. Box Number is Not Acceptable): 7027 FRASCATI LOOP

City: WESLEY CHAPEL FL Zip Code: 33544

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $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

TITLE	PRESIDENT
NAME	BRIAN BELMONTE
STREET ADDRESS	7027 FRASCATI LOOP
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRIAN W. BELMONTE 1/14/03 (813) 907-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #