

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 005 ***158.75

DOCUMENT #

P02000135635

1. Entity Name

MARTHA SMITH SQUIRE INTERIORS, INC.



DO NOT WRITE IN THIS SPACE

40080946

2. Principal Place of Business

1020 SW 19th Street

Suite, Apt. #, etc.

3. Mailing Address

1020 SW 19th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

13-4230684

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

33315

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTHA SMITH SQUIRE

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

1020 SW 19th Street

City

Fort Lauderdale

FL

Zip Code

33315

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRE, MARTHA SMITH 1020 SW 19th Street Ft. Lauderdale, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered

SIGNATURE:

Martha S. Squire

MARTHA S. SQUIRE, Off. 4/15/05 954.525.1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)