

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90776 044 ***150.00

DOCUMENT # P03000026239



1. Entity Name
BUSINESS INTERIOR GROUP, INC.

Principal Place of Business
**312 W. HORNBEEM DRIVE
LONGWOOD, FL 32779**

Mailing Address
**312 W. HORNBEEM DRIVE
LONGWOOD, FL 32779**

2. Principal Place of Business

93 Rosehill Crescent Ct
Suite, Apt. #, etc.

3. Mailing Address

93 Rosehill Crescent Ct
Suite, Apt. #, etc.



02182004

Chg-P

CR2E034 (10/03)

City & State
DeBary, FL
Zip
32713
Country
USA

City & State
DeBary, FL
Zip
32713
Country
USA

4. FEI Number
02-0678873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORTH, JOHN H IV
312 W. HORNBEEM DRIVE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name
John H North IV

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

93 Rosehill Crescent Ct

City
DeBary FL Zip Code
32713

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORTH, JOHN H IV | |
| STREET ADDRESS | 312 W. HORNBEEM DRIVE | |
| CITY-ST-ZIP | LONGWOOD, FL 32779 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | North, John H IV | |
| STREET ADDRESS | 93 Rosehill Crescent Ct | |
| CITY-ST-ZIP | DeBary, FL 32713 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William R Asbury | |
| STREET ADDRESS | 217 Birdiewood Ct. | |
| CITY-ST-ZIP | DeBary, FL 32713 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **William R Asbury** **William R Asbury** **4/28/04** **(407) 416-5403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone