OCUMENT # PS Entity Name MERALD COAST INTERIORS	93000034179 5, INC.			Sec)8, 200 retary ^{8-2002 90099}	of St	ate
ncipal Place of Business 59 COASTAL LANE	Mailing Address 4459 COASTAL LANE						
CE FL 32571	PACE FL 32571						
`	US						
Principal Place of Business	3. Mailing Address						
uite, Apt. #, etc.	Suite, Apt. #, etc.			DO N	OT WRITE IN THIS	S SPACE	
City & State	City & State		4 . FE	I Number	705 70	Ar	plied For
Zip Country	Zip	Country			79578	No \$8.75 Add	ot Applicable
				ertificate of Status D		Fee Require	
5. Name and Address of	f Current Registered Agent	Nam		me and Address of	New Registered	a Agent	
OOK, ROBERT D			Address (F:0-Bo	NODERA	ceptable)		
047 MOONRAKER DRIVE			1.00 1		<u> </u>		
ENSACOLA FL 32507		City	YDY C	astal		Tip Cod	
					F		
·		7	Pace			- 1.JA	
	atement for the purpose of changing it	7	Pace. or registered age	nt, or both, in the St			
ne obligations of registered agent.	atement for the purpose of changing it	7	registered age	nt, or both, in the St 砂大			
he above named entity submits this sta he obligations of registered agent. NATURE Robert D Signature, typed or printed name of regi	Cook Bober	7	<u>ب (</u>	劲大			
NATURE Relations of registered agent. Signature, typed or printed name of registered from the satisfy its fax filing requirement and elects to do satisfy its fax filing requi	Cook Bober istered agent and title if applicable. (NO Intangible so After September 1	s registered office o TE: Registered Agent signat (111) FEE IS \$550 3, 2002 Fee will t	ature required when rein	劲大	ate of Florida. I ar DAte Date	n familiar with,	
NATURE Repeated agent. Signature, typed or printed name of registered agent. This corporation is eligible to satisfy its fax filing requirement and elects to do so See criteria on back)	Cook Bobur istered agent and title if applicable. (NO Intangible FILE NOW	s registered office o TE: Registered Agent signat (111) FEE IS \$550 3, 2002 Fee will t	ature required when rein 0.00 be \$750.00 nt of State	多い大 stating) 10. Election Camp	ate of Florida. I ar DATE baign Financing ntribution.	n familiar with,	and accept
NATURE Repeated agent. Signature, typed or printed name of registered agent. This corporation is eligible to satisfy its fax filing requirement and elects to do a See criteria on back) OFFICE	Cook Bobur istered agent and title if applicable. (NO Intangible so. FILE NOW After September 1 Make Check Paya	s registered office o Laboratoria (Construction) TE: Registered Agent signal TE: Registered Agent si	ature required when rein 0.00 be \$750.00 nt of State	355 大 stating) 10. Election Camp Trust Fund Co	ate of Florida. I ar DATE baign Financing ntribution.	n familiar with,	and accept
IATURE Repeated agent. IATURE Repeated agent. Signature, typed or printed name of regination is eligible to satisfy its ax filing requirement and elects to do a see criteria on back) OFFICE P COOK, ROBERT D	Cook Bobur istered agent and title if applicable. (NO Intangible so. Ers AND DIRECTORS	s registered office o HDD TE: Registered Agent signal 11! FEE IS \$550 3, 2002 Fee will t ble to Departmen 12.	ature required when rein 0.00 be \$750.00 nt of State	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	0 May Be to Fees
IATURE Results of registered agent. IATURE Results of registered agent. Signature, typed or printed name of registered agent. This corporation is eligible to satisfy its ax filing requirement and elects to do a see criteria on back) OFFICI P COOK, ROBERT D 4047 MOONRAKER DR.	Cook Bobur istered agent and title if applicable. (NO Intangible so. Ers AND DIRECTORS	s registered office o TE: Registered Agent signal III: FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TIFLE NAME	ature required when rein 0.00 be \$750.00 nt of State	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I ar DATE Date Date DATE	n familiar with,	0 May Be to Fees
ATURE Relations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed nagent. Signature, typed or printed name of registered	Cook Bobur istered agent and title if applicable. (NO Intangible so. Ers AND DIRECTORS	s registered office o TE: Registered Agent signat TE: Registered Agent signat TI: FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	0 May Be to Fees
e obligations of registered agent. IATURE Robert D Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. See criteria on is eligible to satisfy its ax filling requirement and elects to do a solution of the second state of the second	Cool Bobur istered agent and title if applicable. (NO Intangible so. Ers AND DIRECTORS Delete	s registered office o TE: Registered Agent signat TE: Registered Agent signat TI: FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	0 May Be to Fees
ATURE Relations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. This corporation is eligible to satisfy its ax filing requirement and elects to do so See criteria on back) OFFICE P COOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET	Cook Bobur istered agent and title if applicable. (NO Intangible so. Intangible So. Intangible So. Intangible So. Intangible So. Intangible So. Intangible So. Intangible So. Intangible So. Intangible Intended Intende	s registered Agent signat TE: Registered Agent signat III FEE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	0 May Be to Fees
IATURE Relations of registered agent. IATURE Relations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. In scorporation is eligible to satisfy its ax filing requirement and elects to do a See criteria on back) OFFICI PCOOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 333 D	Cook Bobur istered agent and title if applicable. (NO Intangible so. ET After September 1 Make Check Paya ERS AND DIRECTORS Delete Delete 312 Delete	s registered office o TE: Registered Agent signal TE: Registered Agent signal TII FEE IS \$550 3, 2002 Fee will the ble to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	0 May Be to Fees
e obligations of registered agent. IATURE Robert D Signature, typed or printed name of registered agent. IATURE Robert D Signature, typed or printed name of registered agent. In scorporation is eligible to satisfy its ax filing requirement and elects to do set See criteria on back) OFFICI (ADDRESS ST-ZIP P COOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 333 D MARSHALL, CHARLES E	Cook Bobur istered agent and title if applicable. (NO Intangible so. ET After September 1 Make Check Paya ERS AND DIRECTORS Delete Delete 312 Delete	s registered office o TE: Registered Agent signal TE: Registered Agent signal TII FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	Addition
NATURE Robert D Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. Table Signature, typed or printed name of registered agent. State P COOK, ROBERT D Addata MoonRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T TADDRESS TADDRESS	Cool Bobur istered agent and title if applicable. (NO Intangible so. B After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete JR 316	s registered office o TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	Addition
ADDRESS TADDRES	Cool Bobur istered agent and title if applicable. (NO Intangible so. Intangible So. Intangible So. Intangible So. Intangible So. Intangible After September 1 Make Check Paya ERS AND DIRECTORS Inter Delete Inter September 1 Make Check Paya Inter Delete Inter September 1 Make Check Paya Inter September 1 Inter Septembe	s registered office o TE: Registered Agent signal TE: Registered Agent signal TII FEE IS \$550 3, 2002 Fee will the ble to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	Addition
ATURE Relations of registered agent. NATURE Relations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Tabbases agent and elects to do so a solution of the solutio	Cool Bobur istered agent and title if applicable. (NO Intangible so. B After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete JR 316	s registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	Addition
ATURE Relations of registered agent. NATURE Relations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Tabbases agent and elects to do so a solution of the solutio	Cool Bobur istered agent and title if applicable. (NO Intangible so. FILE NOW After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete 316 Delete	s registered Agent signat TE: Registered Agent signat TE: Registered Agent signat TE: Registered Agent signat TITLE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with, 2000 S5.0 Added 1D DIRECTORS Change Change	and accept
ATURE Relations of registered agent. NATURE Relations of registered agent. Signature, typed or printed name of registered agent. See criteria on back) OFFICI P COOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 333 D MARSHALL, CHARLES E 1755 SE 9TH STREET FT. LAUDERDALE FL 333 I ADDRESS	Cool Bobur istered agent and title if applicable. (NO Intangible so. B After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete JR 316	s registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with,	Addition
P COOK, ROBERT D COOK, ROBERT D 4047 MOONRAKER DR. PCOOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T T ADDRESS S/T ST-ZIP S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 333 D MARSHALL, CHARLES E 1755 SE 9TH STREET ST-ZIP FT. LAUDERDALE FL 333 T ADDRESS SIT - ZIP T ADDRESS T. LAUDERDALE FL 333 T ADDRESS ST-ZIP T ADDRESS T. LAUDERDALE FL 333	Cool Bobur istered agent and title if applicable. (NO Intangible so. FILE NOW After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete 316 Delete	s registered Agent signat TE: Registered Agent signat TE: Registered Agent signat TE: Registered Agent signat TITE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with, 2000 S5.0 Added 1D DIRECTORS Change Change	and accept
P COOK, ROBERT D COOK, ROBERT D 4047 MOONRAKER DR. PCOOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T T ADDRESS S/T ST-ZIP S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 333 D MARSHALL, CHARLES E 1755 SE 9TH STREET ST-ZIP FT. LAUDERDALE FL 333 T ADDRESS SIT - ZIP T ADDRESS T. LAUDERDALE FL 333 T ADDRESS ST-ZIP T ADDRESS T. LAUDERDALE FL 333	Cook Bobur istered agent and title if applicable. (NO Intangible so. Intangible So. Intangible So. Intangible So. Intangible So. Intangible Solution After September 1 Make Check Paya Intangible	s registered office of TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with, \$5.0 Added DIRECTORS Change Change Change Change	and accept
ATURE Relations of registered agent. NATURE Relations of registered agent. Signature, typed or printed name of registered agent. See criteria on back) OFFICI PCOOK, ROBERT D 4047 MOONRAKER DR. PENSACOLA FL 32507 S/T MARSHALL, JEFFREY T 1600 SW 4TH STREET FT. LAUDERDALE FL 33: D MARSHALL, CHARLES E 1755 SE 9TH STREET FT. LAUDERDALE FL 33: I ADDRESS ST-ZIP I ADDRESS ST-ZIP	Cool Bobur istered agent and title if applicable. (NO Intangible so. FILE NOW After September 1 Make Check Paya ERS AND DIRECTORS Delete 312 Delete 316 Delete	s registered office of TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with, 2000 S5.0 Added 1D DIRECTORS Change Change	and accept
TADDRESS ST ADDRESS TADDRESS	Cook Bobur istered agent and title if applicable. (NO Intangible so. Intangible So. Intangible So. Intangible So. Intangible So. Intangible Solution After September 1 Make Check Paya Intangible	s registered office of TE: Registered Agent signal TE: Registered Agent signal TE: Registered Agent signal TIT FEE IS \$550 3, 2002 Fee will t ible to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ature required when rein 0.00 be \$750.00 nt of State ADD ADD	355 K stating) 10. Election Camp Trust Fund Co ITIONS/CHANGES Coastal	ate of Florida. I an DATE Daign Financing ntribution. TO OFFICERS AN	n familiar with, \$5.0 Added DIRECTORS Change Change Change Change	and accept