2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State P93000055970 **DOCUMENT #** 1. Entity Name 07-30-2002 90376 013 ***150.00 INTERIORS WITH MARY LOU, INC. Principal Place of Business Mailing Address 1368 PERIWINKLE PL 1368 PERIWINKLE PL WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0443762 Not Applicable Zip Country Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PILOUS, MARY LOU Street Address (P.O. Box Number is Not Acceptable) 12940 BLUE LAKE DRIVE **WELLINGTON FL 33414** City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition PILOUS, MARY LOU NAME NAME STREET ADDRESS 12940 BLUE LAKE DR STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 of trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

☐ Delete

☐ Change

Addition

FILED

Hachment F 123036

Interiors With Mary tou Inc.

1368 Periwinkle Place Wellington. (133414

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ref.: Document # P93000055970

July 23, 2002

To Whom It May Concern:

I've just received a Uniform Business Report form indicating that I did not pay the annual fee on time and need to submit \$550. At the original time of filing, I was recovering from breast cancer and a mastectomy. As a result, I was not actively involved in the business and apparently this form slipped my attention. There are no other people working at this business besides myself. Please note that I have never been late before.

It would be a hardship for me to pay the higher fee as my business declined during my illness. As a result, I am sending in the latest form with a check for \$150 enclosed and hope that you will take into consideration this temporary lapse.

Thank you for reviewing this matter.

Sincerely,

Mary Lou Pilous

President

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