

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000063460**1. Entity Name  
INTERIOR DESIGNED ENVIRONMENTS ASSOCIATES, USA, INC.

Principal Place of Business 12230 FOREST HILL BLVD STE 110 H  WELLINGTON FL 3341 US	Mailing Address 12230 FOREST HILL BLVD STE 110 H  WELLINGTON FL 33414 US
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2. Principal Place of Business 507 N. DIXIE HIGHWAY, UNIT ONE	3. Mailing Address 507 N. DIXIE HIGHWAY, UNIT ONE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL	City & State LAKE WORTH FL
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4. FEI Number 65-0436223	Applied For Not Applicable
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Zip 33460	Country US	Zip 33460	Country US
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**THOMPSON RHODALINE N FR  
12230 FOREST HILL BLVD STE 110 HWELLINGTON FL  
33414Name  
THOMPSON RHODALINE FPDD  
Street Address (P.O. Box Number is Not Acceptable)  
507 N. DIXIE HIGHWAY, UNIT ONECity  
LAKE WORTH FL Zip Code  
33460

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.

SIGNATURE **RHODALINE N. FRANCE THOMPSON****04/25/2001**

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 Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD THOMPSON RHODALINE N FR 12230 FOREST HILL BLVD STE 110 H WELLINGTON FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD THOMPSON RHODALINE FPDD 507 N. DIXIE HIGHWAY, UNIT ONE LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Rhodaine N. France Thompson****PDD 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)