2002 Uniform Business Report (UBR)

changed, or on an attachme

SIGNATURE:

Apr 04, 2002 8:00 am Secretary of State P94000031781 DOCUMENT # 1. Entity Name 04-04-2002 90002 012 ***150.00 PARRAMORE INTERIORS, INC. Mailing Address Principal Place of Business 8382 BAYMEADOWS RD 8382 BAYMEADOWS RD STE 5 STE 5 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3239872 Not Applicable __,Country _± \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, FRANK E Street Address (P.O. Box Number is Not Acceptable) 200 W. FORSYTH ST. **SUITE 1400** Zip Code JACKSONVILLE FL 32202 City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Change Addition TITLE ☐ Delete TITLE PARRAMORE, GRANT D NAME 12655 MANDARIN RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE PARRAMORE, SHERYL K NAME NAME STREET ADDRESS 12655 MANDARIN RD. STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32223 CITY-ST-ZIP Change Addition TITLE Déléte Déléte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 triesteempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED