2003 FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBP** P94000037885 **DOCUMENT #** 1. Entity Name 04-07-2003 91036 018 ***150.00 ANITA'S INTERIORS, INC. Principal Place of Business Mailing Address 1815 GRIFFIN RD 1915 GRIFFIN RD STE 108 STE 102 DANIA FL 39004 DANIA FL 33004 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3281578 Not Applicable 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 STAN, KLEIN Street Ad-1815 GRIFFIN RD., STE 1927 DANIA FL 33894 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Addition Change UNGER, ANITA NAME NAME STREET ADDRESS 1815 GRIFFIN ROAD STE-102-STREET ADDRESS DANIA FL 33004 CiTY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition unger, William L Jr. NAME NAME STREET ADDRESS 1815 GRIFFIN ROAD STE 102 STREET ADDRESS CITY-ST-ZIP Dania[®]FL 33004 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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 tru ee 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 a

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CR2E034 (10/02)

☐ Addition