

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090758

1. Entity Name

INTERIORS & RENOVATIONS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90121 001 ***300.00

Principal Place of Business

Mailing Address

625 49TH ST. N.
ST. PETERSBURG FL 33710

PO BOX 15489
ST. PETERSBURG FL 33733-5489

2. Principal Place of Business

3. Mailing Address

4367 58th Place S
Suite, Apt. #, etc.
St Petersburg, Florida

P.O. Box 15489
Suite, Apt. #, etc.

City & State

City & State

St Petersburg FL

4. FEI Number

59-3298747

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

33711

Country

Pineellas

Zip

33733

Country

Pineellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, VICKY LYN
6326 BANANA SHORES
ST. PETERSBURG FL 33705

Name D. Troy Payne

Street Address (P.O. Box Number is Not Acceptable)
4367 58th Place S

City St Petersburg

FL

Zip Code 33711

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 *D. Troy Payne Jr.*
Signature typed or printed name of registered agent and title if applicable.

D. Troy Payne Jr.

4/4/00

(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, 2000 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	P PAYNE, VICKY L 6326 BAHAMA STONES DRIVE SOUTH ST. PETE FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

D. Troy Payne Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

727-865-0268
Daytime Phone #

CR2E034 (9/99)