


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90104 029 ***150.00

DOCUMENT # P96000024552

1. Entity Name
KAREN ZABROCKI INTERIORS, INC.



Principal Place of Business
**2450 SUNSET POINT RD
CLEARWATER FL 33765
US**

Mailing Address
**2450 SUNSET POINT RD
CLEARWATER FL 33765
US**

CHANGE TO: ↓



2. Principal Place of Business
**1875 JESSICA Road
CLEARWATER, FL**

3. Mailing Address
**1875 JESSICA Road
CLEARWATER FL**

Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip **33765** Country **Pinellas**

Zip **33765** Country **Pinellas**

4. FEI Number **59-3372598** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHIEU, JOAN
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ZABROCKI, KAREN
STREET ADDRESS	2450 SUNSET POINT ROAD
CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	1875 JESSICA Road
CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee 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 an address, with all other like empowered.

SIGNATURE: *Karen Zabrocki* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *January 30, 2002* Daytime Phone # _____

CR2E034 (10/02)