2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90084 012 ***150.00

DOCUMENT # P96000077977

1. Entity Name

INTERIORS BY R & B SERVICES, INC.

Principal Place of Business	Mailing Address
4120 OAK CIRCLE BOCA RATON FL 33431	4120 OAK CIRCLE BOCA RATON FL 33483-4442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
416 SE 5TH STREET	416 SE 5TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach Fl	City & State: Delray Beach Fl
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number 65-0696690 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLSGROVE SEXTON, RHONDA
4120 OAK CIRCLE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Polsgrove Sexton, Rhonda
Street Address (P.O. Box Number is Not Acceptable): 416 SE 5TH STREET
City: Delray Beach FL Zip Code: 33483

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 X DATE 1-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 POLSGROVE SEXTON, RHONDA 2439 SOUTHWEST 35TH AVE. DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Rhonda Polsgrove Sexton 1-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #