The charmen that he will be a 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P96000083389** CORPORATE BUSINESS INTERIORS, INC. 01-20-2000 90250 020 ***150.00 Mailing Add ess Principal Place of Business DEVD WEST 2736 UNIVERSITY BLVD WEST 2736 UNIVERSITY JACKSONVILLE FL 32217-2179 JACKSONVILLE/ L 32217 B0005181 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite_Apt. #, etc. 59-3603199 Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -POLISKNOWSKI, EDWARD J JR Street Address (P.O. Box Number is Not Acceptable) 2736 UNIVERSITY BLVD WEST JACKSONVILLE FL 32217 8930 Western Way#7 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. DATE . (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be *Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE POLISKNOWSKI, EDWARD J JR NAME 71.0 8930 Western Way #7 STREET ADDRESS 2736 UNIVERSITY BLVD WEST SEET ADDRESS Jacksonville, Fi 32256 JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE POLISKNOWSKI, BARBARA A 8930 Western Way#7 Jacksonville, Fi 32254 NAME 2/36 UNIVERSITY-BLVD WEST REET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32217~ CITY-ST-ZIP ☐ Addition TITLE TITLE POLISKNOWSKI, STEPHANIE NAME 8930 Weston Way#7 Jucksonville Fi 30256 NAME STREET ADDRESS STREET ADDRESS 2736 UNIVERSITY BLVD W. CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00