FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)													
DOCUI 1. Entity Name	H	ME	NOV 26	DE 1.									
JOSEPH BOATWRIGHT INTERIORS, INC.								S	ECRETAPY LLAHASSE				
DO NOT WRITE IN THIS SPACE								. FA	LLAHASSE	E FLORIE	À		
2. Principal Pl. 457 Suite, Apt. 6	3. Mailing Address 4577 Mo	4577 Morningside Dr			DO NOT WRITE IN THIS SPACE								
City & State Sarasota, FL				City & State Sarasota, FL			4.	FEI Number 65-0806	 6371			Applied For	, ,
^{Zip} 34235		Country		^{Zip} 34235	Country			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE						7. Name and Address of Current Registered Agent Name Womeldorph, Howard R. Street Address (P.O. Box Number is Not Acceptable) 7648 Lockwood Ridge Road							
						City	Saraso	ta		FL	3424	13	
SIGNATURE _		submits this sta			stered agent, or both, in the State of Florida.								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended I Make Check Payable						s \$550.00 s \$61.25	4	• 4	n Campaign Fin und Contribution			00 May Be ed to Fees	
11.	DD	OFFICE	RS AND DI	RECTORS]_
TITLE	PD Boatw	right locar	nh G Ir	•	TITLI NAM								R2E034B (12/01)
NAME Boatwright, Joseph G, Jr. STREET ADDRESS 4577 Morningside Dr						ET ADDRESS							\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP		ota, FL 342				-ST-ZIP			2 .				346
TITLE	VP				ţITLI			 	J#1				78
NAME		ers, John S	3		NAM	1							5
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						ë .	İ
TITLE	Salas	Jia, FL 342	<u>JZ</u>	<u> </u>				 -	·				-
NAME					TITLE NAM	- 1		ಕೆಯ್ ಎ ಎಂ	r o y y - Theory Book - This				ļ
STREET ADDRESS					STRE	ET AODRESS		DO	NOT	M/DIT			1
CITY-ST-ZIP					CITY	-ST-ZIP	,	טט	NOI	AALZII		·	4
TITLE					TITLE	T I		IN "	THIS S	SPAC	E		
NAME STREET ADDRESS					NAM STRE	ET ADDRESS	* 20	,	,				
CITY-ST-ZIP		•			City	-ST-ZIP							
TITLE			·		TITLE				y	-11			
NAME		•			NAM	- 1							
STREET ADORESS CITY-ST-ZIP		;				ET ADDRESS -ST-ZIP			•			Z y	
TITLE '		 -	 		TITLE			 					1
NAME					NAM	1							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	artifu that the	information and	aliad with the	a filing does not avalle if		-ST-ZIP	od io Casii	110.07(0\%) 51	orido Chatalana	fueth a			4
indicated of the corp	on this report poration or th	or sunniementa	l report is tru stee empow	s filing does not qualify for the and accurate and that ered to execute this repo wered	my eignat	ura chall ha	ve the came l	legal offect as i	if made under o	ath: that I am	on officer	r or director	
2	· ······ an add	A 1				_				_			-

SIGNATURE AND TYPED OR PRINTED MAPLE OF SIGNING OFFICER OR DIRECTOR

BIGHATURE AND TYPED OR PRINTED MAPLE OF SIGNING OFFICER OR DIRECTOR