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P98000013989

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013989

1. Entity Name
C G INTERIORS, INC.

[redacted]

Principal Place of Business	Mailing Address
2115 MAGDALENE MANOR DRIVE TAMPA FL 33613	2115 MAGDALENE MANOR DRIVE TAMPA FL 33613

2. Principal Place of Business	3. Mailing Address
1502 W Fletcher Ave	Same
Suite, Apt. #, etc. 113	Suite, Apt. #, etc.
City & State Tampa, Fla	City & State
Zip 33612 / Country USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3488880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREER, CATHY L 2115 MAGDALENE MANOR DRIVE TAMPA FL 33613	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 [signature] 1-7-03 — again - 7-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREER, CATHY L	NAME	
STREET ADDRESS	2115 MAGDALENE MANOR DRIVE	STREET ADDRESS	1502 W Fletcher Ste 113
CITY-ST-ZIP	TAMPA FL 33613	CITY-ST-ZIP	Tampa, Fl 33612
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000022762440
STREET ADDRESS		STREET ADDRESS	09/04/03--01081--006 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 1-7-03 / 7-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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