

This was never RECEIVED By me in the mail
I had to call for it.

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 006 ***150.00

DOCUMENT # P99000053788
1. Entity Name
NEW ENGLAND INTERIORS Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
DEERFIELD Bch
Suite, Apt. #, etc.

3. Mailing Address
2717 SW 14 DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH FL
Zip
33442
Country

City & State
Zip
Country

4. FEI Number
650846321
Applied For
Not Applicable

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
Brian McLaughlin
Street Address (P.O. Box Number is Not Acceptable)
2717 SW 14 DR.

City
DEERFIELD BEACH FL Zip Code
33442

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
6/3/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Brian J. McLaughlin
2717 SW 14 dr. Deerfield Bch. FL
33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/02 954-295-2936

CR2E034B (12/01)