

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003004

1. Entity Name

BUSINESS INTERIORS OF TAMPA BAY, INC.

FILED  
Feb 12, 2002 8:00 am  
Secretary of State

02-12-2002 90113 050 \*\*\*150.00

7/21/01  
AV

Principal Place of Business

4609 RIVERHILLS DR.  
TAMPA FL 33617

Mailing Address

4609 RIVERHILLS DR.  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3306843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 - Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, WILLIAM  
4609 RIVERHILLS DR.  
TAMPA FL 33617

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE)

Registered Agent signature required when reinstating.

DATE

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

☐

**FILE NOW!!**  
**After May 1, 2002**  
**Fee is \$150.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, WILLIAM	
STREET ADDRESS	4609 RIVERHILLS DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for 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 the signature of the corporation or the receiver or trustee empowered to execute this report is correct, 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 OR PRINTED NAME OF SIGNING OFFICER

RECTOR

Date

Daytime Phone #

CR2E034 (9/01)