2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P9900003004

1. Entity Name

BUSINESS INTERIORS OF TAMPA BAY, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90082 028 ***150.00

4609 RIVERHILLS DR. 4609 RIV.				g Address RIVERHILLS DR. A FL 33617						
2. Principal Place of Business				3. Mailing Address				91))		
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	y & State			City & State			FEI Number 59-3306843		Applied For Not Applicable	
Zip -	•	Country	Zip	Zip Country		5. (5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name	and Address	of Current Registere				Name and Address of New Reg	istered Agent		
		"تسانها باسد	- ** (1998)		Name -	Name				
Griffith, William 4609 Riverhills dr.						Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33617										
					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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finan Trust Fund Contribution.		55.00 May Be dded to Fees	
10.		OFFI	CERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11	
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 12. Thereby 6 	certify that the	e information,su	ipplied with this filing.	goes not quality for	tne exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I fu	irtner certify that	trie information	

2. 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 AND TYPED OR HAINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 879-8

Daytime Phone #