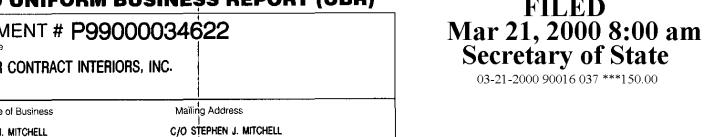
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034622

## **FILED**



KLAUBER CONTRACT INTERIORS, INC. Principal Place of Business C/O STEPHEN J. MITCHELL P.O. BOX 3433 P.O. BOX 3433 TAMPA FL 33601-3433 TAMPA FL 33601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City! & State 4. FEI Number City & State *65-0*915343 Not Applicable \$8.75 Additional Country Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST., STE. 2100 **TAMPA FL 33602** 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE KLAUBER, MURRAY J NAME NAME STREET ADDRESS STREET ADDRESS 1620 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY FL 34228 CHY-ST-7IP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 supplied and acquirate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the corporation